



MILFORD

Exempted Village Schools

CENTRAL REGISTRATION

Grades 1 - 12

Milford Exempted Village School District's Vision Statement is to inspire and prepare our students to reach their fullest potential in a diverse and dynamic world.

Central Registration appointments can be scheduled by calling (513)576-4163.

Milford Board of Education
777 Garfield Avenue
Milford, OH 45150

Please bring your child's completed enrollment packet along with other documentation required for enrollment to your appointment. Once the enrollment process is completed, your student's school will be contacted and you will be given a start date for your child. High school and junior high students will require an appointment with a Guidance Counselor to set up a class schedule.

If you have any questions regarding any of these forms or registration requirements, please contact the Central Registration Department at (513)576-4163.



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REGISTRATION CHECKLIST

Student Name: _____ School: _____

DOCUMENTS REQUIRED FOR REGISTRATION

- Child's Original Birth Certificate or Passport (Bureau of Vital Statistics (614) 466-2531)
- Parent/Guardian Driver's License or State Issued ID Card
- Proof of Residency (Utility bill, lease/rental agreement*, deed, purchase contract)
*Rental/Lease agreement must list names of all occupants
 - Residency Affidavit (*This affidavit is used when the parent/legal guardian and child are living in a domicile belonging to another person.*)
- Grade Documentation
 - High School – unofficial transcript from previous school required
 - Grade 1 to 8 – copy of most recent grade report
- Custody Papers/Guardianship Papers (*if applicable*)
- Special Education paperwork - IEP/ETR (*if applicable*)
- Child's immunization record (*recommended*)

FORMS IN THE REGISTRATION PACKET

- Student Registration Form
- Records Request Form
- Emergency Medical Authorization Form
- Free and Reduced Lunch Parent Disclosure Form
- Free and Reduced Lunch Application
- Medical Forms
 - ALL GRADES** - HEALTH HISTORY FORM (*completed by parent/guardian*)
 - KINDERGARTEN** – PHYSICAL EXAMINATION FORM (*completed by physician*)
 - KINDERGARTEN** – ORAL ASSESSMENT FORM (*completed by dentist*)



MILFORD

Exempted Village Schools

STUDENT REGISTRATION FORM

Office Use Only:

Student ID # _____

Enrollment Date: _____

School: _____ Grade _____

Male Female

Student's Legal Last Name Legal First Name Legal Middle Name Preferred Name

Date of Birth (mm/dd/yyyy)

Place of Birth (City)

(State)

(Country)

Home Address: _____
Street Apt. # City Zip Code

Home Phone

Mother's Maiden Name

Child's Native Language

Legal Guardianship

Are you the biological/adoptive parent(s) of the child? Yes No

If no, what is your relationship to the child? _____

Status of BIOLOGICAL/ADOPTIVE Parents: Married Divorced Widowed Separated Single/Never married

If divorced, who has legal custody? Mother Father Shared Parenting

If foster/guardian, what district did the biological parent(s) reside in at the time you received custody? _____

If foster/guardian, please list Case Manager/Court Liaison: _____

Case manager/Court Liaison contact information: _____

Please complete information on father and mother, including contact numbers, regardless of marital status.

Circle: Father/Guardian/Foster Parent

Circle: Mother/Guardian/Foster Parent

RESIDES here

RESIDES here

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Home Phone: _____

Home Phone: _____

Cell/Pager: _____

Cell/Pager: _____

Email: _____

Email: _____

Name of Employer: _____

Name of Employer: _____

Business Phone: _____

Business Phone: _____

Step-Father (if applicable): _____

Step-Mother (if applicable): _____

Work Phone: _____

Work Phone: _____

Cell/Pager: _____

Cell/Pager: _____

Emergency Contact: _____

Emergency Contact: _____

Relationship to child: _____

Relationship to child: _____

Phone: _____ Work/Cell: _____

Phone: _____ Work/Cell: _____

Siblings

Name	Age	Grade	Lives with...
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any medical problems the student has: _____

Citizenship/Ethnic Status

Citizenship Status: U.S. Citizen Non U.S. Citizen/Immigrant* Foreign Exchange Student

*Immigrant students are those who: are age 3 – 21, were not born in the United States, and have not attended one or more schools in any one or more of the states for more than three academic years.

Is the student of Hispanic/Latino heritage? Yes No

Persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin regardless of race.

Is the student from one or more races using the following 5 racial/ethnic groups? **Check all that apply.**

Race/Ethnicity:	Definitions as defined by the Ohio Department of Education
<input type="checkbox"/> White	Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<input type="checkbox"/> Black/African American	Persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/> Asian	Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent. This area includes Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> American Indian/Alaskan Native	Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Special Services

Has your child ever attended Special Education classes? Yes No

Does your child have a 504 plan? Yes No

(Disability required only reasonable accommodations)

Has your child had an evaluation (M.F.E. : Multi-Factored Evaluation is an assessment of your child in all areas related to the suspected disability) in the past 3 years? Yes No

If yes, what is the date of the evaluation? _____

If yes, is there a current IEP? (Individualized Education Plan) Yes No

Has your child been identified as Gifted? Yes No

If yes, did your child receive Gifted Services at prior school? Yes No

If yes, grade of placement in Gifted Program? _____

If you answered "Yes" to any question in this section, please note any special needs information that may help us place your student:

Home Language Survey

Please complete this section if your child speaks a language other than English at home or was born outside of the United States.

Students Name: _____

Father's Nationality: _____

Mother's Nationality: _____

What languages can you (parent/guardian) speak?

Mother/Guardian:

Father/Guardian:

What language did your child speak when he/she first learned to talk? _____

What language does your child use most frequently at home? _____

What language do you use most frequently to speak to your child? _____

What language do the adults at home most often speak? _____

Does anyone in your home read English? Yes No

If yes, list name of person: Name _____ Relationship to child _____

How long has your child attended school in the United States? _____

What year did your child first attend school in the United States? _____

Did your child ever receive English instruction

before entering Milford Schools? Yes No

How often? _____ Where? _____

Where did your child last attend school? _____

How long was your child enrolled there? _____

Prior School History

Has your child ever been enrolled in Milford Schools? Yes No

If so, what year was he/she withdrawn? _____

LAST PUBLIC/PRIVATE SCHOOL ATTENDED: _____

School's address : _____

School phone: _____ **School Fax:** _____

Is your child currently **expelled** or **suspended** from your previous district? Yes No

Parent/Guardian Signature *Required to complete Registration Form*

I, the undersigned, do hereby state and declare under penalty of falsification (*) that I am the parent or legal guardian of the above named student and that this registration information is true and correct.

Parent/Guardian Signature

Date

(*) Falsification under Ohio Revised Code section 2921.13 is a misdemeanor of the first degree punishable by a maximum of six (6) months imprisonment or a fine of \$1,000 or both.



STUDENT RECORDS REQUEST

MILFORD

Exempted Village Schools

Please release all appropriate past and present academic, discipline, medical, confidential and special education records (including psychological information, diagnostic summaries, IEP's, etc.) on the student named below. Records should be mailed/faxed to the school address indicated below.

Student Name	Birth Date	Grade
Signature of Parent/Guardian	Relationship	Date

Name and address of school releasing records:

Phone: _____
 Fax: _____
 Contact: _____

The following is to be filled out by the prior school, IF APPLICABLE:

The records for the above student CANNOT be released because (check all that apply):

Fees due (Amount owed: _____) Grades incomplete No records available
 Books not returned (Titles): _____

If the student has been expelled, please include details of expulsion (reason and dates): _____

Signature of person completing form	Date
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McCormick Elementary
 751 Loveland-Miamiville Road
 Loveland, OH 45140
 Phone: (513) 575-0190
 Fax: (513) 575-4019
 Attn: Marcia Dauw

Pattison Elementary
 5330 South Milford Road
 Milford, OH 45150
 Phone: (513) 831-6570
 Fax: (513) 831-9693
 Attn: Kathy Barrows

Milford Jr. High School
 5735 Pleasant Hill Road
 Milford, OH 45150
 Phone: (513) 248-3444
 Fax: (513) 248-3443
 Attn: Connie Stevens

Meadowview Elementary
 5556 Mount Zion Road
 Milford, OH 45150
 Phone: (513) 831-9170
 Fax: (513) 831-9340
 Attn: Diane Moore

Seipelt Elementary
 5640 Cromley Drive
 Milford, OH 45150
 Phone: (513) 831-9460
 Fax: (513) 248-5443
 Attn: Carolyn Haskins

Milford High School - NGC
 One Eagles Way
 Milford, OH 45150
 Phone: (513) 576-2278
 Fax: (513) 576-2277
 Attn: Pat Burke

Mulberry Elementary
 5950 Buckwheat Road
 Milford, OH 45150
 Phone: (513) 722-3588
 Fax: (513) 722-4584
 Attn: Kathi Swift

Boyd E. Smith Elementary
 1052 Jer-Les Drive
 Milford, OH 45150
 Phone: (513) 575-1643
 Fax: (513) 575-2835
 Attn: Jan Wolker

Milford High School
 One Eagles Way
 Milford, OH 45150
 Phone: (513) 576-2203
 Fax: (513) 831-9714
 Attn: Chris Duffy

MILFORD EXEMPTED VILLAGE SCHOOL DISTRICT
EMERGENCY MEDICAL AUTHORIZATION

2010-2011

Purpose: To enable parents and guardians to authorize the provisions of emergency treatment or transportation for children who become ill or injured while under school authority, or during an emergency situation, when parents cannot be reached. **Notify the school immediately if any information changes.** (Please print).

Student's Name _____ Teacher/Homeroom/Grade _____

Student's Address _____ Phone No. _____
(Street Address) (Zip Code)

E-mail address _____ Male or Female Date of Birth _____

Who is/are the legal guardian(s) of this child? _____

List the names, relationships to the student, and phone numbers of those people the school should call in the event of accident, illness, or school emergency. **This list should include the parent(s)/legal guardian(s) and should be in the order of calling preference, after attempts to call the parent(s)/guardian(s) are made.**

NAME	RELATIONSHIP (Parent, Relative, etc.)	PHONE NUMBERS			e-mail
		HOME	WORK	CELL/PAGER	
(Parent/Guardian)	_____	_____	_____	_____	_____
(Parent/Guardian)	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I understand that my child may be released to anyone on the above list if ill, injured, or if an emergency occurs, and he/she must leave school.

Signature of Parent/Legal Guardian _____ Date _____

Medical Problems/Allergies/Special Needs:
 Diabetes Asthma Seizures Bee or Insect Sting Other Orthopedic
 Visually or Hearing Impaired Medication or Food Allergy Emotional Problem Learning Disability

Please provide detailed information regarding any above marked areas: _____

For educational purposes, special medical problems, physical impairments or other facts concerning your child's medical history may be shared with teachers or other support staff involved in the academic setting. If you do **not** consent for the sharing of this information, you are required to state this in writing and submit your statement with this form to your school administrator.

TURN OVER

Please Complete:

Student's Name _____ Teacher/Homeroom/Grade _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Specialist: _____ Phone: _____

Hospital (1st choice) _____ (2nd choice) _____

Preschool Emergency Contacts: _____ Phone: _____

Please complete EITHER Part I or Part II below:

Part I: Granting Consent

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 previously-named doctor, 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.

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

Date

Signature of Parent/Legal Guardian

Part II: Refusal to consent (DO NOT COMPLETE 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: (MUST BE COMPLETED IF REFUSING CONSENT FOR TREATMENT)

Date

Signature of Parent/Legal Guardian

Sec. 3313.71.2. AS USED IN THIS SECTION, "PARENT" MEANS PARENT AS DEFINED IN SECTION 3321.01 OF THE REVISED CODE.

(A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, provide to the parent of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide his parent, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section. When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local or joint vocational school district which the pupil is transferred. Upon request of his parent, authorities of the school in which the pupil is enrolled may permit the parent to make changes in a previously filed form, or to file a new form.

If a parent does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child.

Even if a parent gives written consent for emergency treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in extra-curricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent before treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee, who, in good faith, attempts to comply with this section.

(B) The emergency medical authorization form provided for in division (A) of this section is as follows: (See reverse side.)

Revised: 6/80

Revised: 6/84

Revised: 6/90

Reviewed: 1994

Reviewed: 1996

Revised: 3/21/96

Reviewed: 1997

Revised: 3/19/98

Reviewed: 1999

Revised: 7/20/00

Revised: 3/22/02

Revised: 5/15/03

Revised: 5/20/04

Revised: 5/19/2007, 2008, 2009, 2010

PARENT DISCLOSURE FORM FOR LUNCH PROGRAM

*****RUSH*** PLEASE FAX COMPLETED FORM TO:
NUTRITION SERVICES - FAX #: 831-6448**

PLEASE COMPLETE THIS FORM AT TIME OF ENROLLMENT

I DID NOT receive free or reduced meal benefits at my previous school. (Please complete Part I only)

I DID receive free or reduced meal benefits at my previous school. (Please complete Part I & II)

PART I

Student Name: _____ School: _____ Grade _____

Student Name: _____ School: _____ Grade _____

Student Name: _____ School: _____ Grade _____

Student Name: _____ School: _____ Grade _____

Student Name: _____ School: _____ Grade _____

New Family Address: _____

Home Phone: _____ Cell Phone: _____

PART II

To expedite the application process and transfer eligibility for the Free and Reduced Lunch Program, I authorize Milford Schools to contact the school listed below and obtain a copy of the free or reduced lunch application on file for my the child(ren):

Previous District's Information

School District: _____

School Name: _____ Grade Level: _____

City: _____ State: _____ Zip: _____

Phone # (if available): _____

Parent's Signature

Date

For questions regarding the Free & Reduced Meal Program, please contact Cheryl Wilkins at 831-5030, Ext. 12

**Milford Exempted Village Schools
Nutrition Services Department
777 Garfield Avenue
Milford, OH 45150
Telephone: (513) 831-5030 – Ext. 12**

Dear Parent/Guardian:

Children need nutritious meals to learn. Milford Exempted Village Schools offers nutritious meals every school day. Your children may qualify for free meals or for reduced price meals. Reduced price is 30¢ for breakfast and 40¢ for lunch.

1. **Do I need to complete a new application each year?** Yes. Students who were approved for free or reduced meals and attended Milford Schools for the 10/11 school year will remain on the program until October 18, 2010. This grace period allows time to process the numerous applications received at the beginning of the school year. You will receive a letter stating your status for the 10/11 school year once your application has been processed. Due to the large number of applications received at the beginning of the school year, please allow three weeks to process your application prior to calling our office. If you have not received notification by October 11th, please call the Nutrition Services office at 831-5030 – Ext. 12 to ensure your application has been received.

****IMPORTANT**** - If your child did not participate in the free or reduced lunch program last school year or is new to the school district, please complete the enclosed application, **AND place a checkmark in the “CHECK HERE IF YOU DID NOT RECEIVE FREE/REDUCED MEALS LAST YEAR OR IF NEW TO THE DISTRICT _____” area across the top of the application** and immediately return to expedite processing.

2. **Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete. Please be sure to fill out all required information, and don't hesitate to call Cheryl Wilkins at the number listed above if you have questions. **Return the completed application to:**

**Milford Exempted Village School District
Attn: Cheryl Wilkins – Nutrition Services
777 Garfield Avenue
Milford, OH 45150**

3. **Who can receive free meals?** Children in households receiving benefits through the Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program), or Ohio Works First (OWF) benefits and most foster children can qualify for free meals regardless of your income. Also, your children can receive free meals if your household's gross income is within the free limits on the Federal Income Guidelines.
4. **Can homeless, runaway and migrant children receive free meals?** If you have not been notified your children qualify for free meals, please call or email Jay Batterson at (513) 576-4178 or batterson_j@milfordschools.org to see if they qualify.
5. **Who can receive reduced price meals?** Your children can receive low cost meals if your household income is within the reduced price limits on the Federal Income Chart.
6. **Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please read the letter you receive carefully and follow the instructions. Call Cheryl Wilkins at (513) 831-5030 – Ext. 12 if you have questions.
7. **I receive WIC can my child(ren) receive free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
8. **Will the information I give be checked?** Yes, we may ask you to send written proof.
9. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size increases, your household income decreases, or if you start receiving Food Assistance program (SNAP) benefits, OWF, or other benefits. If you lose your job, your children may be able to qualify for free or reduced price meals.
10. **What if I disagree with the school's decision about my application?** You should speak to school officials. You also may ask for a hearing by calling or writing to: Mr. Jeff Johnson, Business Manager, Milford Exempted Village School District, 777 Garfield Avenue, Milford, OH 45150 – 513-831-1314.
11. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
12. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
13. **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 earn overtime, include it, but do not include it if you only work overtime sometimes.
14. **We are in the military, do we include our housing allowance as income?** If you receive an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

15. My Spouse is deployed to a combat zone. Is his/her combat pay counted as income? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

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 Nutrition Service personnel must have the parent's consent to share student meal application if your child(ren) qualify for a fee waiver. If you agree to allow your child(ren)'s meal application to be shared with school officials 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 receive free or reduced price meals.

*****IMPORTANT***** - If you currently receive Medicaid through the Department of Job and Family Services, you also qualify for a fee waiver. Please provide proof verifying you receive Medicaid assistance to the front office secretary in each school where you have a child attending. Without verification fees can not be waived.

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 Cheryl Wilkins at (513) 831-5030 – Ext. 12.

Si necesita ayuda, por favor llame al teléfono: Cheryl Wilkins at (513) 831-5030 – Ext. 12.

Si vous voudriez d'aide, contactez nous au numero: Cheryl Wilkins at (513) 831-5030 – Ext. 12.

Sincerely,

Sarah Renz
Assistant Director
Nutrition Services

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 do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. 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, former Food Stamp Program)**, Ohio Works First (OWF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

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, FORMERLY THE FOOD STAMP PROGRAM), OR OHIO WORKS FIRST (OWF), FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members, the school name for each child, and the **10 digit** SNAP (Food Stamp) or OWF case number for any household member (including adults). Ohio Direction Card Numbers **are not** acceptable (these are 16 digits in length). Attach another sheet of paper if you need to.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Answer yes or no if you would like the application to be checked by a school official to determine if the child(ren) qualifies for a school instructional fee waiver
- Part 6:** Sign and date the form. A Social Security Number is not necessary.
- Part 7:** Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD RECEIVES 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, the school name for each child.
- Part 2:** Check the appropriate box.
- Part 3:** Skip this part.
- Part 4:** Complete only if a child in your household isn't eligible under Part 2. See Instruction for All Other Households.
- Part 5:** Answer yes or no if you would like the application to be checked by a school official to determine if the child(ren) qualifies for a school instructional fee waiver
- Part 6:** Sign and date the form. A Social Security Number is 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:

- Part 1:** Use a separate application for each foster child. List the child's name, school, and, if the child has no income, check the box "no income".
- Part 2:** Skip this part.
- Part 3:** Check the box and list the child's personal use monthly income, if any. This does not include any funds the Foster Parent(s) receives from the courts for acting as a Foster Parent. This is only the child's personal income (stipend, part-time job, etc.)
- Part 4:** Skip this part.
- Part 5:** Answer yes or no and sign if you would like the application to be shared with school officials if the child(ren) qualifies for a school instructional fee waiver
- Part 6:** Sign and date the form. A Social Security Number is not necessary.
- Part 7:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the school name for each child. For any person, including children, with no income, you must check the "No Income Box". Attach another sheet of paper if you need to.
- Part 2:** Check the appropriate box, if any.
- Part 3:** Skip this part.
- Part 4:** Follow these instructions to report total household income from this month or last month.
Column 1–Name: List all household members with income. Attach another sheet of paper if you need to.
Column 2 –Gross income last month and how often it was received. For each household member list each type of income received for the month. You must tell us how often it was received – 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 each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, and ALL OTHER INCOME SOURCES. 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. 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 Housing Privatization Initiative or receive combat pay, do not include these allowances as income.
- Part 5:** Answer yes or no if you would like the application to be shared with school officials if the child(ren) qualifies for a school instructional fee waiver
- Part 6:** An adult household member must sign the form and list his or her Social Security Number (or mark the box if s/he doesn't have one). Include today's date.
- Part 7:** Answer this question if you choose to.

National School Lunch Program/ Prototype Notification Letter
(Put on Sponsor Letterhead)

SHARING INFORMATION WITH MEDICAID/*Healthy Start, Healthy Families*

Dear Parent/Guardian:

If your children receive free or reduced price school meals, they may also be able to receive free or low-cost health insurance through Medicaid or the State of Ohio Healthy Start, Healthy Families Program. Children with health insurance are more likely to receive regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and *Healthy Start, Healthy Families* that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and *Healthy Start, Healthy Families* only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or *Healthy Start, Healthy Families*, fill out the form below and send in (Sending in this form will not change whether your children receive free or reduced price meals).

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the *Healthy Start, Healthy Families*.

If you checked no, fill out the form below.

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 Healthy Start & Healthy Families at 800-324-8680 or Cheryl Wilkins at (513) 831-5030 – Ext. 12

Return this form to: Milford Exempted Village School District
Attn: Cheryl Wilkins – Nutrition Services
777 Garfield Avenue
Milford, OH 45150

Ohio Department of Health • School and Adolescent Health Health History

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
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Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

Birth and Developmental History No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly explain illness or problems. _____
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced

Student Health Conditions

<input type="checkbox"/> YES , my child receives regular medical/health care for the following conditions:	<input type="checkbox"/> NO medical conditions
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder
<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> Skin conditions	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Traumatic brain injury	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?
 Yes No If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?
 Yes No If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by	Relationship to student	Date / /
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