



**Lighthouse Community School**  
**6100 Desmond Street**  
**Cincinnati, OH 45227**  
**Phone (513) 561-7888**  
**Fax (513) 561-7818**

### **Enrollment Check List**

Students Name: \_\_\_\_\_

To officially enroll the student in Lighthouse Community School, the following forms must be on file:

- 1. Cincinnati Public Schools Charter School Enrollment Form
- 2. Lighthouse Community School Contact Information Form
  - Lighthouse Community School Student Profile
- 3. Emergency Medical Authorization Form
- 4. Authorization to Release Information
- 5. Withdrawal Authorization Form
- 6. Release of Liability Form: Field Trip/ Physical Fitness Activity
- 7. Application for Free and Reduced Lunch Form
- 8. Parent/Physician Request to Dispense Medication
- 9. Computer and Internet Use Agreement Form
- 10. Permission for Assessment Form

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### **Attachments**

Lighthouse Community School must receive all attachments before the student may attend classes.

- 11. Copy of Birth Certificate
- 12. Copy of Social Security Card
- 13. Copy of Immunization Records
- 14. Student Picture
- 15. Copy of Court Order or Proof of Residency
- 16. Copy of JFS Social History, DAF and other evaluations
- 17. Copy of IEP
- 18. Copy of MFE

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**Contact Information Form**

**Student:** \_\_\_\_\_  
                    **Last Name**                    **First Name**                    **Middle Name**

**Parent or Guardian:** \_\_\_\_\_  
                    **Address:** \_\_\_\_\_  
                    **Phone Number:** \_\_\_\_\_  
                    **Fax Number:** \_\_\_\_\_

**Guardian Ad Litem/ CASA:** \_\_\_\_\_  
                    **Address:** \_\_\_\_\_  
                    **Phone Number:** \_\_\_\_\_  
                    **Fax Number :** \_\_\_\_\_

**Alternate Caseworker:** \_\_\_\_\_  
                    **Address:** \_\_\_\_\_  
                    **Phone Number:** \_\_\_\_\_  
                    **Fax Number:** \_\_\_\_\_

**LYS Social Worker:** \_\_\_\_\_  
                    **Address:** \_\_\_\_\_  
                    **Phone Number:** \_\_\_\_\_  
                    **Fax Number:** \_\_\_\_\_

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**Student Enrollment Profile**

Date \_\_\_\_\_

Students Name: \_\_\_\_\_ Program: \_\_\_\_\_

Grade Level: \_\_\_\_\_ LYS Social Worker: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Custodian's name, address, phone number: \_\_\_\_\_

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Custody status: circle one VAC TAC PPLA (Parent(s)) Relative ODYS

What family/siblings are involved in visitation or approved contact?

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

What is the reunification plan? \_\_\_\_\_

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

Is the child sexually reactive or a sexual offender? YES \_\_\_\_\_ NO \_\_\_\_\_ if "yes" what Treatment has the child received or future plans for treatment? \_\_\_\_\_

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

Please list any diagnoses, and/or medication and dosage the child is taking:

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Medication(s) \_\_\_\_\_

\_\_\_\_\_

**Is the child in individual or family therapy? Please explain:**

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**Please list the names and phone numbers of the child's services providers:**

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**Student's social/emotional strengths:**

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**Problem Behaviors:**

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**Academic concerns (deficits)**

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**Academic Strengths:**

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**Emergency Medical Authorization**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

**Purpose:** To enable parents and guardians to authorize the provision of emergency medical and dental treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Parent/Guardian's Name: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_

Name of Relative or Childcare Provider: \_\_\_\_\_

Relationship: \_\_\_\_\_ Daytime Telephone#: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PART I OR PART II MUST BE COMPLETED:**

**PART I: TO GRANT CONSENT** – I hereby give consent for the following medical care providers and local hospital to be called:

Physician: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Telephone#: \_\_\_\_\_

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 above-named doctors, 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 reasonable. 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/Guardian: \_\_\_\_\_

**PART II: REFUSAL TO GRANT 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 school to take the following action:

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

**Address:** \_\_\_\_\_ **ZipCode:** \_\_\_\_\_

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**AUTHORIZATION TO RELEASE INFORMATION**

\_\_\_\_\_ authorizes the release of the records of  
**Parent/Guardian Name**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Student's Last Name First Name Mid. Initial Birth Date**

From the Following School/Institution:

Most recent School/Institution \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

The following records may be released. Please check.

- Transcripts of subjects and grades
- Attendance record
- Psychological or Other Individual Test results
- IEP and Special Education Records, If Applicable
- Ohio Proficiency Test Results
- Health Records
- Other \_\_\_\_\_

The records may be release to:

Agency/Organization/School: **Lighthouse Community School  
6100 Desmond Street  
Cincinnati, Ohio 45227  
Fax (513) 561-7818**

**I am authorizing the release of these records for these reasons. Please check one.**

- I am the subject of these records and 18 years of age or older.**
- I am the parent, guardian, or custodian of the subject of these records and the subject is under 18 years of age.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature Date**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Witness Date**

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**Release of Liability Form  
Field Trip/Physical Fitness Activity**

I, \_\_\_\_\_, the undersigned parent/guardian of \_\_\_\_\_,  
And resident of the city of \_\_\_\_\_, County of \_\_\_\_\_,  
State of Ohio, do hereby authorize my child to participate in Lighthouse School Physical Fitness  
Activities and Field Trips, I agree to release and discharge Lighthouse Community School, its  
staff members, and all others who may be held liable for all claims, present and future, known or  
unknown, arising from my child's participation in school physical fitness and field trip activities.

I acknowledge that my child has no medical limitations and is fully capable of participating in  
said activities. I appoint the Lighthouse Community to act on my behalf in the event that my  
child should require emergency medical attention while participating in field trip or physical  
fitness activities. This appointment gives the Lighthouse Community School the authority to  
sign releases to physicians who may render medical care if it becomes necessary in case of an  
emergency.

I agree to assume liability for payment of all professional services and to reimburse Lighthouse  
Community School for any expense that it may incur resulting from any medical services for my  
child. I hereby agree to hold Lighthouse Community School, Lighthouse Youth Services,  
Lighthouse Community School employees and any other agent of Lighthouse Community  
School who may act on behalf of Lighthouse Community School harmless of any decision and  
injury resulting from such decision concerning the care and treatment of my child.

I agree that if my child's behavior is such that it disrupts or endangers the welfare of others,  
Lighthouse Community School has my permission to deny him/her participation in such  
activities.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Parent or Guardian**

\_\_\_\_\_  
**Lighthouse Community School**

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**Parent/Physician Request for the  
Dispensing of Medication by School Personnel**

The Lighthouse Community School Board of Education policy (Students Section 5000) requires the consent of the parent or parent surrogate before school personnel can give medication to a child. The following information is necessary in order to comply with this policy. Please return, this completed form to your child's principal.

Please answer all questions to expedite service requested.

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

Date of Birth: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**TO BE COMPLETED BY THE CHILD'S PHYSICIAN**

Generic Name of Medication:
Dosage:
How Administered:
Date to Begin Dispensing Medication:
Possible Side Effects:
Special Conditions for Storage of Drug:
Physician:
Telephone #:
Physician's Emergency Telephone #:
Physician's Signature:

The medicine must be in a pill, capsule, or spoon form. It must be in a clearly marked container from the pharmacist. The label must show the child's name, the dosage, the doctor's name, and the prescription number.

**TO BE COMPLETED BY THE CHILD'S PARENT**

**Pharmacy:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

The undersigned agree not to file or make any claim against anyone for negligence in connection with the dispensing or non-dispensing of any medicines and further agree to save such individuals and hold them harmless from any liability incurred as a result of the dispensing or non-dispensing of any medicines.

I give my permission for the principal or his/her designee to dispense the prescribed medication.

Signature of  
Parent/Parent Surrogate: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**CINCINNATI PUBLIC SCHOOLS  
Withdrawal Authorization Form**

**Date:** \_\_\_\_\_

**Charter School: Lighthouse Community School**

**I hereby authorize the Student Information Systems Department to withdraw the following child (children) from their current school of enrollment:**

<b>Student Name</b>	<b>Current CPS School</b>

**I understand that this authorization will remove any child from the current school of enrollment and/or waiting list. There is no guarantee that my child will be re-enrolled if this current school is a magnet school and the charter school is no longer desired.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

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Computer and Internet Use Agreement  
2008-2009 School Year

Please read this document carefully before signing. The signature(s) at the end of this document is (are) legally binding and indicate the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance.

The Lighthouse Community School (henceforth referred to as LCS) is offering Computer and Internet access for student use, as one way of promoting its mission to teach skills, knowledge, and behaviors students will need as successful and responsible citizens in the global community. The computer hardware and network resources of the LCS have been provided for limited educational purposes, which are directly related to curriculum-based classroom activities. These facilities have not been established as a public access or public forum. LCS has the right to specify the training required before a student is allowed to use the system, to place reasonable restrictions on the material accessed or posted, and to enforce all rules set forth in the Student Code of Conduct and the laws of the state of Ohio.

**Terms and Conditions for student use of LCS Computer and Network Resources including the Internet:**

1. Network Security
  - a. Each student is responsible for his or her individual network account. Use all reasonable precautions to prevent others from being able to use your account. Under no condition should you give your password to another person.
  - b. Immediately notify a teacher or system administrator if you have identified a possible security problem. Do not look for security problems; this may be construed as an illegal attempt to gain access.
  
2. Personal Safety
  - a. Do not post contact information (address, phone number, financial information) about yourself or any other person.
  - b. Do not agree to meet with anyone contacted through the Internet. Report any inappropriate postings that make you feel uncomfortable to a LCS staff member.
  
3. Limitations
  - a. Use of computer and network resources, including Internet access, is restricted to tasks that are consistent with the educational objectives of LCS.

- b. LCS computer hardware, network, and Internet access are not to be used for gaming, gambling, commercial purposes, or to offer, provide, or purchase products or services.
- c. Currently, LCS will not offer email accounts for students. Do not use any email account from LCS computer hardware and networks.
- d. LCS makes no guarantee that services provided through the computer hardware and network resources will be error-free or without defect.

#### 4. Illegal Activities

- a. Do not attempt to gain unauthorized access to any computer system or go beyond your authorized access by attempting to enter another person's account information. Do not attempt to access another person's files.
- b. Do not attempt to deliberately disrupt any network resource or destroy data through the spread of viruses or any other means.
- c. Do not engage in any other illegal acts, which include but are not limited to threatening the safety of any person, engaging in criminal gang activity, arranging for the sale or purchases of drugs or alcohol.
- d. Vandalism: Deliberately causing damage to computer or network hardware, operating systems, software, or any data files of LCS will be dealt with as vandalism, in a manner consistent with the Student Code of Conduct and the laws of the state of Ohio.
- e. Theft: Stealing, or removing without permission, any computer hardware, software, or network component of LCS will be dealt with as theft, in a manner consistent with the Student Code of Conduct and the laws of the state of Ohio.
- f. Any student whose conduct, while using the LCS computer network, is ultimately deemed to be criminal in nature and in violation of either State or Federal statutes will not be protected or defended from prosecution by the Lighthouse Community School Board of Education.

#### 5. Inappropriate Material

- a. Do not use any LCS computer hardware or network connection to access material that is profane, obscene, or pornographic, or that advocates illegal acts, violence, or discrimination. A special exception may be made if access is for the purpose of research related to hate literature and has both teacher and parental/guardian approval.
- b. If you mistakenly access inappropriate information, you should immediately tell a teacher or designated LCS staff member. This will protect you against a claim of intentional violation of this policy.

### Option 1

I understand that by signing this form I acknowledge that I have read and will follow the Computer and Internet Use Agreement of the Lighthouse Community School. I understand that violation of the use provisions in that policy statement may result in disciplinary actions pursuant to the Student Code of conduct as well as suspension or cancellation of computer and/or network privileges, and could have additional legal ramifications.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **SPONSORING PARENT OR GUARDIAN (REQUIRED FOR ALL MINORS)**

As the parent (guardian) of this student, I have read the Computer and Internet Use Agreement of the Lighthouse Community School. I understand that access to computers and network resources, including the Internet, are designed for educational purposes. While precautions have been taken to eliminate controversial materials, I also recognize that it is impossible for LCS Computer and Internet Use Agreement. I understand that violation of that policy statement may result in legal and/or student disciplinary ramifications affecting me as well as my child (ward). Furthermore, I accept full responsibility for supervision if and when my child's (ward's) use is not in school setting.

Please select the one option below that best suits your child (ward) that will allow computer use and full access to network resources, including the Internet as described above. I certify the information contained on this form is correct.

Parent's (Guardian's) Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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#### **OPTION**

Parent (guardian) Option 2 – computer and Local Access Only: I hereby give permission for Lighthouse Community School to issue a district network account for my child (ward) that will allow computer use with access to local LCS network resources, but no access to the Internet. I certify the information contained on this form is correct.

Parent's (Guardian's) Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Lighthouse Community School Race & Ethnicity Form

State and Federal Regulations Require Collection of this Information

**Students Name:** \_\_\_\_\_

**1. Is the student Hispanic, Latino or of Spanish origin (regardless of race)?**

*Note: Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race*

- Yes
- No

**2. What race is the student (only choose one)?**

<b>Race</b>	<b>Race Definitions (as defined by the Ohio Department of Education)</b>
<input type="checkbox"/> White (Non-Hispanic)	Persons having origins in any of the original peoples of Europe, North Africa or Middle East.
<input type="checkbox"/> Black (Non- Hispanic)	Persons having origins in any of the Black racial groups of Africa
<input type="checkbox"/> Hispanic	Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
<input type="checkbox"/> Asian or Pacific Islander	Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.
<input type="checkbox"/> American Indian or 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"/> Multiracial	Persons having origins in tow or more of the above options

I understand that State and Federal regulations require the school district to report each child's Ethnicity and race. I understand that if I choose not to indicate my child's race, the Lighthouse Community School is required by law to identify my child as Multi-Racial.

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

Dear Parent/Guardian:

Children need healthy meals to learn. **Lighthouse Community School** offers healthy meals every school day. Breakfast costs **\$1.68**; lunch costs **\$2.65**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.84** for breakfast and **\$1.32** for lunch.

- 1. 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, so be sure to fill out all required information. **Return the completed application to: Lighthouse Community School, 6100 Desmond St, Cincinnati OH 45227, 513-561-7888.**
- 2. Who can get free meals?** Children in households getting Food Stamps or Ohio Works First (OWF) and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.
- 3. Can homeless, runaway and migrant children get free meals?** Please call Amy Shrock at **Lighthouse Community School** to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 4. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.
- 5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the school at **513-561-7888** if you have questions.
- 6. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 7. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 8. 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 goes up, income goes down, or if you start getting Food Stamps, OWF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
- 9. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: Sarah Barnes at **Lighthouse Community School, 6100 Desmond St, Cincinnati OH 45227, 513-561-7888.**
- 10. 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.
- 11. 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.
- 12. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- 13. We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
- 14. Why do I have to write down my food stamp number for each child?** We must have proof that each child receives food stamps. This is why you must write a food stamp number down on the application beside the name of each child in the household who receives food stamps.

If you have other questions or need help, call **Amy Shrock at 513-561-7888**

*Si necesita ayuda, por favor llame al teléfono 513-561-7888*

*Si vous voudriez d'aide, contactez nous au numero: 513-561-7888*

## INSTRUCTIONS FOR APPLYING

### **If your household gets FOOD STAMPS OR OHIO WORKS FIRST (OWF), follow these instructions:**

**Part 1:** List child(ren)'s name, school, grade, and a 10-digit Food Stamp or OWF case number beside each child's name. Ohio Direction Card Numbers are not acceptable (these are 16 digits in length).

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

### **Check the appropriate box and contact Lighthouse Community School.**

**Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**

### **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 grade.

**Part 2:** Skip this part.

**Part 3:** Check the box and list the child's personal use monthly income, if any.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

### **ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List each child's name, school, and grade.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from last month.

**Column A–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

*All other income:* List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column C–Check if no income:** If the person does not have any income, check the box.

**Part 5:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 6:** Answer this question if you choose to.

**2008-2009 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

**Part 1. Children in School (Use a separate application for each foster child)**

Names of all children in school (First, Middle Initial, Last)	School Building Name	Grade	10-Digit Food Stamp or OWF case # (if any) for each child. <b>Skip to Part 5 if you list a Food Stamp or OWF case #</b>											

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Amy Shrock at Lighthouse Community School at 513-561-7888** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

A. Name (List everyone in household) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

**Part 5. Signature and 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 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 if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*  
 Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number

**Part 6. Children's racial and ethnic identities (optional)**

Mark one or more racial identities:  Asian  American Indian or Alaska Native  White  Native Hawaiian or Other Pacific Islander  Black or African American  Other

Mark one ethnic identity:  Hispanic or Latino  Not Hispanic or Latino

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

Annual Income Conversion: Weekly x 52, Every 2 Weeks (bi-weekly) x 26, Twice A Month (bi-monthly) 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: \_\_\_\_\_  
 Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)  
 Determining 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 \_\_\_\_\_

**Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

<b>FEDERAL INCOME CHART</b>			
For School Year 2008-2009			
Household size	Yearly	Monthly	Weekly
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
Each additional person:	6,660	555	129

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**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 Food Stamp Program, Ohio Works First (OWF) 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.

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**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 to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

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

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Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or *Healthy Start, Healthy Families*. Children with health insurance are more likely to get 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 get free or reduced price meals).

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**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 **Lighthouse Community School** at **513-561-7888**.  
**Return this form to: 6100 Desmond St. Cincinnati OH 45227**

## SHARING INFORMATION WITH OTHER PROGRAMS

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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.**

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

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Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

**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 **Lighthouse Community School** at **513-561-7888**  
**Return this form to: 6100 Desmond St. Cincinnati, OH 45227**

★ CHARTER/COMMUNITY SCHOOL ★

**STUDENT INFORMATION**

School Name Lighthouse Community School

School Year 08-09

Today's Date **1**      /      /     

School Code      /      /     

**Desired Action**  
**School Use Only**

Enroll on Date      /      /       
Withdraw on Date      /      /       
Modify Student Data as of      /      /     

From School       
To School     

Submitted by (print)      Signed     

<b>Student</b>	<i>Please provide legal names.</i>		<b>(CPS Use)</b>										
			Student ID <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Last Name <u>    </u>													
First Name <u>    </u>													
Middle Name <u>    </u>													
Entering Grade Level <u>    </u>													
Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female		Parent/Guardian Resident District if not CPS											
Resident Address <u>    </u>		<u>    </u>											
Apartment <u>    </u>													
City <u>    </u>													
State <u>    </u>													
Zip Code <u>    </u>													
Phone Number <u>    </u> Unl: <input type="checkbox"/> No <input type="checkbox"/> Yes													
Birthdate(mm/dd/yyyy) <u>    </u> / <u>    </u> / <u>    </u>													
Birth Document Source <u>    </u>		<b>Emergency Contacts</b>											
Social Security Number <u>    </u> - <u>    </u> - <u>    </u> (if issued)		Name <u>    </u>											
Race/Ethnic Code (Check One) <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic		Relation <u>    </u>											
<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Multi-Racial		Phone <u>    </u>											
<input type="checkbox"/> Native American		Alt/Cell Ph <u>    </u>											
Birthplace (City,St) <u>    </u>		Name <u>    </u>											
Birthplace (Country) <u>    </u>		Relation <u>    </u>											
Nationality <u>    </u>		Phone <u>    </u>											
Nickname (If Any) <u>    </u>		Alt/Cell Ph <u>    </u>											
Parent/Guardian <u>    </u>													

**Withdrawal Authorization**

Parent signature authorizes the Student Information Systems Department, Cincinnati Public Schools to withdraw this student from their current school of enrollment. I understand that this authorization will remove my child from the current school of enrollment and/or waiting list. There is no guarantee that my child will be re-enrolled if this current school is a magnet school and the charter school is no longer desired.

**Parent/Guardian Signature**      Date

**CHARTER/COMMUNITY SCHOOL  
STUDENT REGISTRATION INFORMATION**

Today's Date ●

Use additional pages as necessary.

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

Mother  Father  Guardian  Stepparent  @Fosterparent  Grandparent  Surrogate Parent  Other

Last Name _____ First Name _____ Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced (*Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Unl: <input type="checkbox"/> No <input type="checkbox"/> Yes Alt/Cell Phone _____ Email Address _____ Work Phone _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes District of Residence _____ District of Primary Residence _____ Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
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*If you check Divorce or Separated, we require current legal documentation related to the children.*

Mother  Father  Guardian  Stepparent  @Fosterparent  Grandparent  Surrogate Parent  Other

Last Name _____ First Name _____ Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced (*Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Unl: <input type="checkbox"/> No <input type="checkbox"/> Yes Alt/Cell Phone _____ Email Address _____ Work Phone _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes District of Residence _____ District of Primary Residence _____ Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
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*If you check Divorce or Separated, we require current legal documentation related to the children.*

Mother  Father  Guardian  Stepparent  @Fosterparent  Grandparent  Surrogate Parent  Other

Last Name _____ First Name _____ Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced (*Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Unl: <input type="checkbox"/> No <input type="checkbox"/> Yes Alt/Cell Phone _____ Email Address _____ Work Phone _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes District of Residence _____ District of Primary Residence _____ Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
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*If you check Divorce or Separated, we require current legal documentation related to the children.*

(\*) If different from student's address

[#] If parent is not custodial, include copy of Grandparent Power of Attorney and Caregiver Authorization.

@ If foster parent, obtain copy of court order showing district of responsibility. Retain in cumulative file.