## Required Enrollment Documents

* **Completed Enrollment Application**
* **Parent Photo Identification:**
  + Please provide your State issued Photo ID, Driver’s License, or Passport.
* **Verification of Student Identification (must present any one of the following items):**
  + Student’s Birth Certificate
  + If you need to obtain a birth certificate for a child born in Ohio, please visit the Ohio Department of Health at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/vital-statistics/how-to-order-certificates>.
  + A Passport showing the date and place of birth of the child
  + Certified certificate of baptism or other religious record showing the date and place of birth of the child
  + Certified transcript of hospital record showing the date and place of birth of the child; **OR**a birth affidavit
* **Proof of Custody/Guardianship (if other than a biological/residential parent):**
  + Custody Document – If you are not the biological parent of the student that you are attempting to enroll, please provide a certified copy of a judge’s order or decree or modification of such order allocating parental rights and responsibilities and designating a residential parent and legal custodian of the child (if applicable).
* **Address Verification (must present any two of the following items):**
  + **A recent (within 30-60 days of the statement date) utility bill** (gas, electric, or water) in the parent/guardian’s name.   (Phone or cable bills are not acceptable)
  + **A current lease agreement with parent/guardian’s name**. The name and phone number of the landlord must be provided to verify the lease. ***The signature page for a lease that includes the landlord's signature is also required.***
  + **Two most recent pay stubs** showing your name and address or a letter from your employer on company letterhead with your name and address listed. IRS W-2 Forms are also acceptable.
  + **Change of custody forms** on County Children Services (CCS) letterhead or court documents indicating a change of custodial parent (and address). These must be filed with the Division of the Registrar before the child being enrolled in your school. If the child is already enrolled and will continue the current assignment, the new custodial parent will need to go to the Division of the Registrar Office to file paperwork.
  + **Department of Human Services or Social Security statement**, on letterhead, indicating the physical address used by the parent for receipt of checks.
  + **Employer Statement** from the Personnel Office, on letterhead, indicating the address used by the parent for employment purposes and for submission of Internal Revenue Service (IRS) W-2 forms
* **Immunization Record (Shot Record):**
  + To ensure that all schools provide safe and healthy learning environments, the Ohio Department of Health requires all students to be immunized upon enrollment. Contact your child’s healthcare provider to make sure vaccinations are up-to-date for school entry.
* **Withdrawal Papers or Last Grade Card or transcript from prior school** (if applicable). *At the High School level, a transcript is needed to determine grade level for enrollment, as grade level placement is determined based on credits earned.*
* **Individualized Education Program (IEP), Evaluation Team Report (ETR) or 504 Plan**(if applicable).
* **Proof of Negative Tuberculosis results** **from a test given in the United States. Applies to students born in another country OR who has traveled out of the country for 30 or more consecutive days.**

## STUDENT INFORMATION

Student Name (as it appears on birth certificate):

Student Date of Birth:

State of Birth:

City of Birth:

Check one:  Grade K  Grade 1

Proof of Age documentation provided (must be legible): Birth Certificate, Passport, Other

Student Preferred Name: Student Gender:

Parent/Guardian First and Last Name:

Relationship to Student:

## PARENT INFORMATION

Parent/Guardian First and Last Name:

Relationship to Student:

*Parent/Guardian please provide a current, state issued, photo identification. If someone other then mother is listed here, please provide proof of custody paperwork (date and time stamped by the court)*

Email Address:

Phone Number: Work Number:

Parent/Guardian Address:

Parent/Guardian City:

Parent/Guardian State:

Parent/Guardian Zip Code:

County:

*(Parent/Guardian will be responsible to provide the school with the proof of residency at time of enrollment, any time an enrolled*

*student changes their residency or at the request of the school. Once student is enrolled a parent/guardian must provide the school with proof of residency annually).*

Proof of Address (2 forms provided):

*Deed, mortgage, lease, current home owners or renters insurance declaration page, current real property tax bill, utility*

*bill, receipt of utility installation, bank statement, paycheck or pay stub issued to the parent, notification from Social Security and/or Jobs and Family Services, Notarized affirmation from parents of current resident address.*

*(must be current or dated within 30 days of enrollment)*

Is the student’s address the same as the parent/guardian address above?  Yes  No If not, list the student address below:

Mailing Address:

Mailing City:

Mailing State:

Mailing Zip Code:

## ETHNICITY INFORMATION

Is your child Hispanic or Latino?  Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| What ethnicity is your child? |  American Indian or Alaskan Native |  Asian |  Black or African America |
|  |  Native Hawaiian or Other Pacific Islander |  White |  Other |

## STUDENT LANGUAGE SURVEY

What is the primary language used in the home regardless of the language spoken by the student? What is the language most often spoken by the student? What is the language the student first acquired?

How long has your son/daughter attended school in the United States? Years: Months:

When did you first enroll your son/daughter in school in the United States? Year: Grade:

## MEDICAL INFORMATION

First Emergency Contact:

Phone Number :

Second Emergency Contact: Phone Number : Physician Name: Phone Number: Hospital Preference: Medical Concerns: Does your child take any medications frequently or daily:  Yes  No

If yes, what medications are taken daily?

Has your child been diagnosed with allergies by a doctor?  Yes  No

If yes, please list the allergies here:

## FOOD ALLERGIES

Does the student have any food allergies?  Yes  No

If yes, please specify:

## AUTHORIZATION TO RELEASE

Who has authorization to pick up the student from school? Please provide the full name of each individual:

*\*\*\*NOTE: Any person picking up students will be required to show state issued picture identification.*

## PREVIOUS SCHOOL

Please provide information regarding the most recent school(s) the student attended. SCHOOL #1

School Name:

Start Date: End Date:

Reason For Leaving:

Address:

City: State: Zip Code:

Phone: Fax:

SCHOOL #2

School Name:

Start Date: End Date:

Reason For Leaving:

Address:

City: State: Zip Code:

Phone: Fax:

SCHOOL #3

School Name:

Start Date: End Date:

Reason For Leaving:

Address:

City: State: Zip Code:

Phone: Fax:

## SPECIAL SERVICES IEP

In order to continue to provide appropriate services, does your child receive Special Education Services?  Yes  No

## SPECIAL SERVICES 504

Will the student need 504 services at our school?  Yes  No

## MCKINNEY-VENTO

Does the student lack a fixed, regular, or adequate nighttime residence?  Yes  No

*Definitions:*

* *Fixed—stationary, permanent, and not subject to change*
* *Regular—used on a regular (i.e. nightly) basis*
* *Adequate—sufficient for meeting both the physical and psychological needs typically met in home environments.*

*The purpose of this form is to identify and support students who may be eligible to receive services under the McKinney-Vento Homeless Act 42 U.S.C. 11435. The eligibility information on this form is confidential and should be reviewed and re-evaluated every school year. More information can be found at: https://www2.ed.gov/policy/elsec/leg/esea02/pg116.html*

*\*\*\*Eligibility is determined on a case-by-case basis. Please contact the school counselor with any questions or concerns regarding the rights of home- less students including immediate enrollment, school selection, transportation, or participation in school programs.*

## MIGRANT WORKER

Did your family make a move within the past 36 months so that a parent/guardian could work as a migratory agricultural worker, migratory fisher or to join a spouse who is a migratory agricultural worker, migratory fisher?

 Yes  No

Do you have a certificate of eligibility for the student from the Ohio Migrant Education Center (OMEC)?

 Yes  No

 Legible copy of the certificate of eligibility was provided to the enrollment office.

The school will not exceed the capacity of the School’s programs, classes, grade levels, or facilities. When the number of applicants for admission exceeds the School’s capacity, admissions will be determined by a lottery of applicants. Preference shall be given to students attending the school the previous year, to students who reside in the district in which the school is located, and to siblings of students attending the school the previous year.

## IMMUNIZATIONS

## DTAP/DT TDAP/TD DIPHTHERIA, TETANUS, PERTUSSIS

Kindergarten Four (4) or more doses of DTaP or DT, or any combination. If all four doses were given before the 4th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4th birthday, a fifth (5) dose is not required.

Grades 1-12: Four (4) or more doses of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.

Grades 7-12: One (1) dose of Tdap vaccine must be administered prior to entry.

**DTaP/DT/Tdap/Td** 1st: **Tdap** 1st: **DTAP Booster**

2nd:

3rd:

4th:

5th:

6th:

## POLIO

Grades K-9: Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4 th birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required. \*\*\*

Grades 10-12: Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine

are required.

**Polio** 1st:

2nd:

3rd:

4th :

## MMR MEASLES, MUMPS, RUBELLA

Grades K-12: Two (2) doses of MMR. Dose one (1) must be administered on or after the first birthday.

The second dose must be administered at least 28 days after dose one (1).

**Mumps** 1st: 2nd:

**Tuberculin Test** Date:

### German Measles (Rubella) 1st:

Results:  Negative  Positive 2nd:

**Measles** 1st: 2nd:

## HEP B HEPATITIS B

Grades K-12: Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth

dose), must not be administered before age 24 weeks.

**Hep B** 1st:

## VARICELLA (CHICKENPOX)

Grades K-9: Two (2) doses of varicella vaccine must be administered prior to entry. Dose one (1) must be administered on or after the first birth- day. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is adminis- tered at least 28 days after the first dose, it is considered valid.

Grades 10-12: One (1) dose of varicella vaccine must be administered on or after the first birthday.

**Varicella** 1st: 2nd:

## MCV4 MENINGOCOCCAL

Grades 7-10: One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. Grade 12: Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry.

**MCV4** 1st: 2nd:

**RECORDS RELEASE FORM**

has enrolled in Mosaic Classical Academy of Ohio (IRN# 020728) and the student’s first day is ***Tuesday, September 5, 2023*.**

## PLEASE SEND THE FOLLOWING INFORMATION TO:

Mosaic Classical Academy

860 Orchard Street

Toledo, Ohio 43609

* + Cumulative Records

. OAA Scores .TGRG Results

* + Special Education (IEP, ETR, MFE)

. Title 1 Records

* + Copy of Student’s Data Form
  + Expulsion/Suspension Documents
  + Grade Card (or information about pupil placement)
  + Immunization Records

. Attendance Record

. Custody Records

. Third Grade Reading Results

* Birth Certificate/Passport

. Hearing/ Vision Results

. District IRN #

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## TO BE COMPLETED BY PARENT OR GUARDIAN:

Name of school your child last attended:

Is this school a Columbus Public School?  Yes  No

If No, please name the DISTRICT:

School Address:

City:

State:

Zip:

Student Last Grade Attended:

PARENT/GUARDIAN AUTHORIZATION:

Print Name: Parent/Guardian:

SIGNATURE of Parent/Guardian: Date:

*According to the final regulations of the Family Education Rights and Privacy Act (Buckley Amendments to P.L.93.380) it is no longer necessary to obtain written consent from parents/guardians to release school records. School officials including teachers within the educational institution, and officials in other schools in which the student expects to enroll, may receive a student’s records without consent from parents/guardians for such release.*

For School Use Only: 1st Request: 2nd Request: 3rd Request :

**MEDICAL AUTHORIZATION FORM**

The following student is under my care and should receive the medication indicated below. It is not possible to arrange for medication to be taken at home under the supervision of a parent, and therefore, must be taken during school hours.

ONLY LIST ONE MEDICATION PER FORM

Student Name:

Student Address:

City: State: Zip: Guardian Phone #:

Name of prescribed medication:

Dosage:

Number of times/intervals medication is to be administered: Date administration to begin: Date administration to end: Adverse /sever reaction that should be reported to the physician? Special instructions for administration of medication:

The medication can be safely administered by non-medical personnel?  Yes  No

Physician’s Printed Name:

Physician’s Phone Number:

Physician’s Signature: Date:

Parent’s Signature: Date:

**MCKINNEY-VENTO HOMELESS FORM**

Student Name:

Date of Birth:

Grade Level:

The McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines “homeless” as “individuals who lack a fixed, regular, and adequate nighttime residence.” This includes children who “are temporarily sharing the housing of other persons due to the loss of housing or economic hardship.”

Please check one of the following statements if your family is experiencing temporary homelessness: ⁯

 Living in a shelter, including transitional housing shelter;

 Student is awaiting foster care, etc.

Please provide name of shelter:

Address:

 Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation

Please provide information regarding area in which student is living:

 Living in hotels/motels for lack of other suitable housing

Please list name and address of hotel/motel:

 Doubled-up; temporarily living with family or friends due to lack of adequate housing or financial conditions.

Please provide address of where student is living:

Please answer the following if you checked one of the boxes above:

How long do you expect to be at this address?

Are you seeking permanent housing?  Yes  No Date student moved to this address:

Is a parent living in the home with the student?  Yes  No

If no, with whom is student living? Relationship:

We have read the information provided and indicated our living circumstances above with regard to the McKinney-Vento Act:

Print name of Parent/Guardian/Unaccompanied Youth:

Signature: Date:

For Official Use Only:  Does Qualify under McKinney-Vento Act  Does NOT Qualify