



June 2010

Dear Senior Parent,

It may seem hard to believe, but it's time to begin preparing for your child's senior year at Olentangy Liberty High School! For the last three years you and your child helped demonstrate Liberty High School's values of *academic, artistic and athletic excellence, and quality conduct in a positive environment*, and we are excited to return this year to do even more to achieve the district's mission of *facilitating maximum learning for every student*.

Returning students are encouraged to pick up their schedules on Thursday, August 18<sup>th</sup> from 9:00 a.m. to 12:00 p.m. Schedules will be available for pick-up in the commons. If your child cannot pick up their schedule at this time, the make-up day is Friday, August 19<sup>th</sup> from 9:00 a.m. to 12:00 p.m. Your student will need to return the Emergency Medical Authorization Form at schedule pick-up in order to receive their schedule and student I.D. card. All other forms may be returned at this time as well, but only the Emergency Medical form is required.

Enclosed in this online packet are this year's school forms:

- 1) A **Student Information Verification Form**. This form only needs to be completed if there have been any changes in personal information such as guardianship, address, phone numbers or contact information.
- 2) The **Emergency Medical Authorization Form**. Ohio law requires a new form each school year even if no information has changed. Complete the top two boxes and either the third or fourth box.
- 3) The **Cafeteria Debit Card Deposit Form**. Liberty High School's cafeteria accepts both cash and Student I.D. Debit Card for payment. To activate the debit card, complete this form and enclose a check with the amount to be placed in the debit account. If you prefer not to use the Debit Card for cafeteria payments, you may discard this form. You may also visit the Food Services section of the District website for information regarding online payments. This system should be available for family use in late August.
- 4) The **Federal Free/Reduced Price Meals Application**. If you believe you may qualify for either a free or reduced priced school lunch, complete this form as well. If you do not need this form, you may discard it.
- 5) The **Fee Waiver Application**. Those who qualify for a free or reduced price lunch may also be eligible for a waiver of school course fees. Again, if you do not need this form, you may discard it.
- 6) A **Driving Registration and Agreement**. All seniors who hold a valid Ohio Driver's License are eligible to register for a parking permit. The fee for the parking permit is \$35.00. If your child does not yet qualify, you may wish to save this form for later use.

T (740) 657-4200

F (740) 657-4299

[www.olentangy.k12.oh.us](http://www.olentangy.k12.oh.us)

When school resumes on Wednesday, August 24th, classes will begin at 7:20 a.m. and students will be dismissed at 2:35 p.m. This is the same time as last year.

Please also mark your calendars for a few key beginning of the year events:

New Parent Orientation Meeting – Wednesday, August 31<sup>st</sup> from 6:00-6:45 p.m.

Curriculum Night – Wednesday, August 31<sup>st</sup> from 7:00-9:00 p.m.

Labor Day – Monday, September 5<sup>th</sup> – No School for students or staff

Curriculum Day – Monday, September 19<sup>th</sup> – No School for students

Again, welcome to Olentangy Liberty High School and to *senior year!* Please feel free to contact me or stop in at any time with any question or concern. I am here to help you as well. In addition, I hope you'll take advantage of *The Patriot Parent!* e-mail newsletter and the OLHS website as additional resources of information. "*The Patriot Parent!*" is a weekly academic update newsletter sent directly to parents by email. *The Patriot Parent!* includes a weekly letter from the principal, several items of note and a calendar of upcoming academic events. Subscribers to *The Patriot Parent!* also receive email notification of school delays and cancellations as soon as they are announced. Subscribe to *The Patriot Parent!* by visiting [http:// www.olentangy.k12.oh.us/invite.html](http://www.olentangy.k12.oh.us/invite.html).

Enjoy the rest of your summer!

Sincerely,

Randy Wright  
Principal

## OLENTANGY LIBERTY HIGH SCHOOL Student Information Verification Form

Please complete this form **ONLY IF** changes have taken place since last year. You may return this form to Main Office if *not* turned in on schedule pick-up days. If you need more space to write, please continue on the back of this form.

### STUDENT INFORMATION

Student ID Number	_____		
Legal Last Name	was _____	change to _____	
Legal First Name	was _____	change to _____	
Legal Middle Name	was _____	change to _____	
Home Phone Number	was _____	change to _____	
Is this new number unlisted?	Circle ( Y or N )		
Street Address	was _____	change to _____	
Apartment Number	was _____	change to _____	
City and Zip Code	was _____	change to _____	

### PARENT/GUARDIAN INFORMATION

Relationship to student	_____		
Last Name, First Name	_____		
Street Address	was _____	change to _____	
Apartment Number	was _____	change to _____	
City and Zip Code	was _____	change to _____	
Home Phone Number	was _____	change to _____	
Cell Phone Number	was _____	change to _____	
Living with Student		Circle ( Y or N )	
If NOT living with student, do you want copies of mailings sent?		Circle ( Y or N )	

Relationship to student	_____		
Last Name, First Name	_____		
Street Address	was _____	change to _____	
Apartment Number	was _____	change to _____	
City and Zip Code	was _____	change to _____	
Home Phone Number	was _____	change to _____	
Cell Phone Number	was _____	change to _____	
Living with Student		Circle ( Y or N )	
If NOT living with student, do you want copies of mailings sent?		Circle ( Y or N )	

Relationship to student	_____		
Last Name, First Name	_____		
Street Address	was _____	change to _____	
Apartment Number	was _____	change to _____	
City and Zip Code	was _____	change to _____	
Home Phone Number	was _____	change to _____	
Cell Phone Number	was _____	change to _____	
Living with Student		Circle ( Y or N )	
If NOT living with student, do you want copies of mailings sent?		Circle ( Y or N )	

Relationship to student	_____		
Last Name, First Name	_____		
Street Address	was _____	change to _____	
Apartment Number	was _____	change to _____	
City and Zip Code	was _____	change to _____	
Home Phone Number	was _____	change to _____	
Cell Phone Number	was _____	change to _____	
Living with Student		Circle ( Y or N )	
If NOT living with student, do you want copies of mailings sent?		Circle ( Y or N )	

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

\_\_\_\_\_  
Date

# OLENTANGY LOCAL SCHOOLS EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ Student lives with: \_\_\_\_\_  
 City/Zip Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

## PARENT/GUARDIAN(S) AND EMERGENCY CONTACTS

Call Order:	Relationship:	Name:	Day Phone:	Home Phone:	Cell Phone:	Can Pick Up:

**Please indicate if your child has any of the following:**

- 1) Allergies (please list): \_\_\_\_\_
- 2) Medications\* (please list): \_\_\_\_\_
- 3) Inhalers\* (please list): \_\_\_\_\_
- 4) Other medical concerns or conditions to which medical personnel should be alerted? \_\_\_\_\_

\* Use and/or possession of any medications, whether prescribed or not, requires the appropriate documentation to be completed and on file with the school.

### PART I OR PART II MUST BE COMPLETED

<b>PART I: TO GRANT CONSENT</b>	<b>I hereby give consent for the following medical care providers and local hospital to be called:</b>		
	<u>Office Phone:</u>	<u>Address (Preschool only):</u>	
Physician: _____	_____	_____	
Dentist: _____	_____	_____	
Medical Specialist: _____	_____	_____	
Local Hospital: _____	_____	_____	
<p>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 appropriate medical professional; 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.</p>			
Signature of Parent/Guardian for Grant to Consent _____		Date _____	

<b>PART II: REFUSAL TO CONSENT</b>
<p>I do NOT give 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:</p> <p>_____</p> <p>_____</p> <p>_____</p>
Signature of Parent/Guardian for Refusal to Consent _____
Date _____

## Olentangy Health Update

To Be Completed By Parent/Guardian

This information is **CONFIDENTIAL** but may be shared with the appropriate school personnel if necessary.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Parent e-mail \_\_\_\_\_

Child lives with: Mother \_\_\_ Father \_\_\_ Step-Mother \_\_\_ Step-Father \_\_\_ Grandparent \_\_\_ Other \_\_\_

Phone: Father (w) \_\_\_\_\_ (c) \_\_\_\_\_ Mother(w) \_\_\_\_\_ (c) \_\_\_\_\_

### Health Concerns, Past and Present:

	Yes No	No	Diagnosis/Explain		Y e s	N o	Diagnosis/Explain
<b>Environmental Allergies</b>			<b>(All prescription meds will require a physician order)</b>				
<b>BEE STINGS</b>			EPI-PEN _____ Benadryl _____	<b>Activity restrictions</b> (doctor's note required)			
<b>Medication Allergies</b>				<b>Poor Vision/Glasses</b>			
<b>Food Allergies</b>			Food(s) _____ EPI-PEN ___ Benadryl _____	<b>Hearing Concerns</b>			
				<b>Eczema</b>			
<b>Asthma/Wheezing</b>			Inhaler at school? _____ Student to carry own inhaler? _____	<b>Headaches/Migraines</b>			Types of seizures:
				<b>Seizure Disorder</b>			
<b>Diabetes</b>				<b>Head injury/ Concussion</b>			
<b>ADD/ADHD</b>				<b>Serious accident/ Illness</b>			
<b>Anxiety/Depression</b> (Diagnosed by physician)				<b>Scoliosis</b>			
<b>Lactose Intolerance</b>				<b>Constipation/Diarrhea</b>			
<b>Heart Condition</b>				<b>Other</b>			
<b>Painful Menstrual Cramps</b>							

Please List **Medications** taken regularly at home or school and specify frequency and reason for use.

Please list any emotional/behavioral concerns or a medical diagnosis that may affect your child's learning.

My child is covered by: \_\_\_\_\_ Private Health Insurance \_\_\_\_\_ Title19/Medicaid \_\_\_\_\_ No Health Insurance

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

### Important information about medication at school

#### Over-the-Counter Medications

Please fill out the reverse side if you would like your student to be able to bring **over-the-counter medications**- (Tylenol, ibuprofen, cough drops, antacids, etc.) to school. Valid for current school year only.

Forms also available on-line

#### Prescription Medications

**Prescription medications** taken at school require a physician's signature. This form is available in the front office or on-line. Go to [www.olentangy.k12.oh.us](http://www.olentangy.k12.oh.us)-click on **Site Index** on top tool bar, click on **prescription medication forms** in the lower right hand corner. (In **Forms in PDF** section)

## **Olentangy Local Schools**

### **Food Service Account Payment Options**

The Olentangy Food Service Staff looks forward to serving your children this year. The school lunch prices, which include one 8 ounce low fat or fat free milk are as follows:

<b>Regular Price Meals</b>	<b>Lunch Price</b>	<b>Breakfast Price</b>
Elementary Schools Price	\$2.05	\$1.25
Middle & High School Price	\$2.30	\$1.25

<b>Reduced Price Meals</b>	<b>Lunch Price</b>	<b>Breakfast Price</b>
Elementary Schools Price	\$.40	\$.30
Middle & High School Price	\$.40	\$.30

**Milk only price        \$ .50**

*For Breakfast service locations, see our website at [www.olentangy.k12.oh.us](http://www.olentangy.k12.oh.us) and select "Lunch/Breakfast Menu's".*

#### **Debit Card Lunch Payment:**

All students are issued a debit card with bar code identification, to be used when passing through the cafeteria service line. The student account will be accessed through a bar code reader, student ID, or by name search from the cafeteria computer. A school picture will appear on the computer screen for the cashier to identify the student to further ensure the security of the student's account. Any special dietary concerns or restrictions will appear in a special pop up box with the student's account information.

#### **Deposit Funds:**

Parents can deposit funds into the debit account by check, cash, or on line payments. If paying by check, please make the check payable to Olentangy Food Service for the exact amount to be deposited. **Include your child's name in the memo section and student ID** (if known).

You may access the on line payment system through the Olentangy website at:

**[www.olentangy.k12.oh.us](http://www.olentangy.k12.oh.us)**

Under "Top Links", access "SPS EZPay". You can set up an account by clicking on "Register" (right side of that page). Once your account has been established, you can review your child's balance and/or make a payment to your child's account.

Please keep in mind that this is a debit card system, not a credit card. Low and negative balance reminders will be sent home at the elementary level. Please contact our e-mail system at [Food\\_Service@olentangy.k12.oh.us](mailto:Food_Service@olentangy.k12.oh.us) with a preferred email address to be used, or to ask to be removed because of error. Please be sure to include your child's name in that e-mail. Prompt payment of negative balances is appreciated.

**To deposit funds prior to school beginning, you may deposit through the on line website or you can complete the attached form and submit with payment at your school open house or schedule pick up.**

Additionally, upon request, parents can receive a printout of their student's account history including deposits and purchases by contacting the Food Service Department at 740-657-4053 or the student's school cafeteria.

**For more Food Service Information, please check the Olentangy website!**

## DEBIT CARD DEPOSIT FORM

*Please make checks payable to: Olentangy Food Service*

Student Name/ID#	School	Grade	Amt of Deposit

Check # \_\_\_\_\_ Cash \_\_\_\_\_

Last name on check \_\_\_\_\_  
 (if different than student's)

-----  
 Cut here

### E-Mail Alert Change Form

*To change an existing e-mail or for new e-mail contacts*

Primary Contact Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact e-mail: \_\_\_\_\_

Student Name	Student ID	Grade	School

*You can also email changes to: [food\\_service@olentangy.k12.oh.us](mailto:food_service@olentangy.k12.oh.us)  
 Be sure to list student name, id#, grade, and school.*

## 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 The Instructional Fee Waiver Program.

**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 Jeanette Lutz at 740-657-4053.

**Return this form to: Olentangy Food Service, 814 Shanahan Rd., Suite 100,  
Lewis Center, OH 43035**

**Olentangy Local Schools**  
**Free and Reduced Price School Meals Application**  
**2011-2012 School Year**

**URGENT: Read First**

**\*\*Many processes on the application have changed. Please read each section carefully to insure proper benefits are received.\*\***

**Please complete only one application per household.**

Include names of all Olentangy students residing in your Household In Part 1 of the application. You do not need to complete a separate application for each student or school.

**Return one application per household to Olentangy Food Service for approval:**

**Please be sure to return both pages of the application.**

You may mail it to: 814 Shanahan Rd., Suite 100, Lewis Center, OH, 43035; or take it to any school office to be forwarded. If you send it to a school office, please make sure it is clearly marked **Olentangy Food Service**

**IMPORTANT NOTICE**

Olentangy Local School District will waive the school instruction fees for children who qualify for free/reduced price meal benefits. School Food Service Personnel must have parent consent to share application information in order for your child(ren) to qualify for a fee waiver. If you agree to allow your child(ren)'s information to be shared with school officials please check "yes" in **Part 5**. If you do not wish for that information to be shared, then check "no" in **Part 5**. **Answering no to this question will mean your child will not be able to be considered for a fee waiver.** Answering this question either way will not change whether your child(ren) will get free or reduced price meals.

**Olentangy Local Schools**  
**2011-2012 Letter to Households**  
**National School Meals Program**

Dear Parent/Guardian:

Children need healthy meals to learn. **Olentangy Local Schools** offers healthy meals every school day. Elementary lunch costs \$2.05 and middle school and high school lunch cost \$2.30. Breakfast cost \$1.25 and is offered at select schools. See our website for locations at: [www.olentangy.k12.oh.us](http://www.olentangy.k12.oh.us) and select Lunch/Breakfast Menu's. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.40 for lunch and \$.30 for breakfast (see select schools at above website).

**APPLICATIONS ARE AVAILABLE AT:**

1. **Olentangy website at:** [www.olentangy.k12.oh.us](http://www.olentangy.k12.oh.us), under Top Links, choose **Food Service Information**.
2. **All school offices.**
3. **Administration building located at 814 Shanahan Rd., Suite 100, Lewis Center, Oh 43035. You may also contact the Food Service Department at 740-657-4053 if you have any questions.**

**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: Olentangy Food Service, 814 Shanahan Rd., Suite 100, Lewis Center, Oh 43035.**

**2. Who can get free meals?** All children in households receiving benefits through the Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines.

**3. Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

**4. Can homeless, runaway and migrant children get free meals?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you have not been told your children will get free meals, please call Olentangy Local Schools, New Student Welcome Center at 740-657-4030 to see if they qualify.

**5. 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 Eligibility Income Chart shown on this application.

**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 got carefully and follow the instructions. Call the school at 740-657-4053 if you have questions.

**7. My Child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

**8. 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.

**9. Will the information I give be checked?** Yes, we may ask you to send written proof.

**10. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

**11. 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: Pam Riley, Food Service Supervisor, 814 Shanahan Rd., Suite 100, Lewis Center, OH 43035, 740-657-4052.

**12. 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.

**13. 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) who share income and expenses. You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

**14. What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

**15. We are in the military, do we include our housing allowance as income?** If you get 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.

**16. My Spouse is deployed to a combat zone. Is 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.

**17. Why am I being asked about giving my consent for an instructional fee waiver?** Olentangy Local Schools waives the school instructional fees for children who qualify for free or reduced price meal benefits. School Food Service personnel must have parent consent to share student meal application information for a fee waiver. If you agree to allow your child(ren)'s meal application information to be shared with school officials to see if he/she/they qualifies for a fee waiver then check "yes" in part 5. If you do not wish for that information to be shared, then check "no" in part 5. Answering no to this question will mean your child will not be able to be considered for a fee waiver. Answering this question either way will not change whether your child(ren) will get free or reduced price meals.

**18. 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 **740-657-4053**.

*Si necesita ayuda, por favor llame al teléfono: 740-657-4053.*

*Si vous voudriez d'aide, contactez nous au numero: 740-657-4053.*

Sincerely,  
Olentangy Food Service

## INSTRUCTIONS FOR APPLYING A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

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

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

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

- Part 1:** List all household members and the school name and school grade level for each child.
- Part 2:** Skip this part.
- Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Olentangy Local Schools, New Student Welcome Center at 740-657-4030.
- Part 4:** Complete only if a child in your household isn't eligible under Part 3. See Instruction for All Other Households.
- Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.
- Part 6:** Sign the form. The last four digits of a Social Security Number are **not** necessary if you didn't need to fill in part 4.
- Part 7:** Answer this question if you choose to.

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

#### If all children in the household are foster children:

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

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

- Part 1:** List all household members and the school name and school grade level for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.
- Part 2:** If the household does not have a 10-digit SNAP or OWF case number, skip this part.
- Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Olentangy Local Schools, New Student Welcome Center at 740-657-4030. If not, skip this part.
- Part 4:** Follow these instructions to report total household income from this month or last month.
- **Box 1—Name:** List all household members with income.
  - **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount and check the box to tell us how often each person receives payment from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.
- Part 6:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
- Part 7:** Answer this question, if you choose.

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

**Part 1:** List all household members and the school name and school grade level for each child. For any person, including children, with no income, you must check the "No Income Box".

**Part 2:** If the household does not have a 10-digit SNAP or OWF case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Olentangy Local Schools, New Student Welcome Center at 740-657-4030. If not, skip this part.

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

- **Box 1—Name:** List all household members with income.
- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount and check the box to tell us how often each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

**Part 6:** An adult household member must sign the form and list the last four digits of his or her Social Security Number (or mark the box if s/he doesn't have one).

**Part 7:** Answer this question if you choose to.



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

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

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_ Reduced \_\_\_\_ Denied \_\_\_\_ Reason: \_\_\_\_\_

Temporary: Free \_\_\_\_ Reduced \_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_ days)

Determining/Approval Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If selected for Verification, Date Verification Notice Sent: \_\_\_\_\_ Response Date: \_\_\_\_\_ 2<sup>nd</sup> Notice Sent: \_\_\_\_\_ Results Sent: \_\_\_\_\_

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

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

INCOME ELIGIBILITY GUIDELINES			
Household size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136

**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), 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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer".

# Healthy Start & Healthy Families

Does your child qualify for the School Meals Program?  
If so, your family may qualify for free health coverage!



## Healthy Start & Healthy Families

*Healthy Start* offers free health care coverage  
for kids (birth to age 19) and pregnant women.

*Healthy Families* offers free health care coverage for the  
entire family - parents AND kids.

Healthy Start & Healthy Families Covers:

Doctor Visits  
Hospital Care  
Immunizations  
Substance Abuse

Prescriptions  
Vision Services  
Dental Care  
Mental Health

And Much More!

For more information or an application, call:

**1-800-324-8680 (a free call!)**

TDD 1-800-292-3572

Monday - Friday 7 am to 8 pm

Saturday - Sunday 12 pm to 5 pm



Your family's size and income determines if you and your family are eligible for Healthy Start or Healthy Families.  
Healthy Start & Healthy Families are Medicaid Programs administered by The Ohio Department of Job & Family Services.

**Olentangy Local Schools**  
**2011-2012 Letter to Households**  
**National School Meals Program**

Dear Parent/Guardian:

Children need healthy meals to learn. **Olentangy Local Schools** offers healthy meals every school day. Elementary lunch costs \$2.05 and middle school and high school lunch cost \$2.30. Breakfast cost \$1.25 and is offered at select schools. See our website for locations at: [www.olentangy.k12.oh.us](http://www.olentangy.k12.oh.us) and select Lunch/Breakfast Menu's. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.40 for lunch and \$.30 for breakfast (see select schools at above website).

**APPLICATIONS ARE AVAILABLE AT:**

1. **Olentangy website at:** [www.olentangy.k12.oh.us](http://www.olentangy.k12.oh.us), under Top Links, choose Food Service Information.
2. **All school offices.**
3. **Administration building located at 814 Shanahan Rd., Suite 100, Lewis Center, Oh 43065. You may also contact the Food Service Department at 740-657-4053 if you have any questions.**

**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: Olentangy Food Service, 814 Shanahan Rd., Suite 100, Lewis Center, Oh 43035.**

**2. Who can get free meals?** All children in households receiving benefits through the Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines.

**3. Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

**4. Can homeless, runaway and migrant children get free meals?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you have not been told your children will get free meals, please call Olentangy Local Schools, New Student Welcome Center at 740-657-4030 to see if they qualify.

**5. 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 Eligibility Income Chart shown on this application.

**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 got carefully and follow the instructions. Call the school at [phone number] if you have questions.

**7. My Child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

**8. 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.

**9. Will the information I give be checked?** Yes, we may ask you to send written proof.

**10. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

**11. 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: Pam Riley, Food Service Supervisor, 814 Shanahan Rd., Suite 100, Lewis Center, OH 43035, 740-657-4052.

**12. 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.

**13. 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) who share income and expenses. You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

**14. What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

**15. We are in the military, do we include our housing allowance as income?** If you get 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.

**16. My Spouse is deployed to a combat zone. Is 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.

**17. Why am I being asked about giving my consent for an instructional fee waiver?** Olentangy Local Schools waives the school instructional fees for children who qualify for free or reduced price meal benefits. School Food Service personnel must have parent consent to share student meal application information for a fee waiver. If you agree to allow your child(ren)'s meal application information to be shared with school officials to see if he/she/they qualifies for a fee waiver then check "yes" in part 5. If you do not wish for that information to be shared, then check "no" in part 5. Answering no to this question will mean your child will not be able to be considered for a fee waiver. Answering this question either way will not change whether your child(ren) will get free or reduced price meals.

**18. 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 **740-657-4053**.

*Si necesita ayuda, por favor llame al teléfono: 740-657-4053.*

*Si vous voudriez d'aide, contactez nous au numero: 740-657-4053.*

Sincerely,  
Olentangy Food Service

OLENTANGY LIBERTY HIGH SCHOOL  
PUPIL DRIVING PERMIT REGISTRATION AND AGREEMENT

1) STUDENT INFORMATION

PUPIL NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street or Road) (City) (State) (Zip)

2) VEHICLE INFORMATION

MAKE	MODEL	YEAR	COLOR	LICENSE PLATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3) DRIVER LICENSE INFORMATION

LICENSE NO. \_\_\_\_\_ ISSUE DATE \_\_\_\_\_

\*Driver License must be presented at time of registration.

4) THE FOLLOWING AGREEMENT MUST BE SIGNED BY THE STUDENT AND GUARDIAN:

- a. Proper registration must be made **before** driving to school.
- b. Any student who drives without permission will face disciplinary action.
- c. Registrant is to drive in accordance with all traffic laws.
- d. School buses are to have the right-of-way **at all times**.
- e. Cars are to be parked properly in the appropriate **student parking lot only**. Driving and early release privileges may be denied for violation of attendance & code of conduct policies (to include absences, tardies, leaving school without permission, and behavior issues).
- f. Students are not permitted to loiter in cars in the morning or during the day. Students are to go directly into the building upon arrival to school. No one is to be in the car during the school day. The driver will be held responsible. **This includes lunch periods.**
- g. Register all cars that the student will be driving.
- h. Issued Parking Tag must be displayed (hung from rearview mirror) at all times while vehicle is on school property.
- i. Review the Student Handbook regulations (shown on back) for driving regulations and search and seizure policy.

IF ANY OF THIS AGREEMENT IS BROKEN, STUDENT DRIVING PRIVILEGES MAY BE REVOKED OR SUSPENDED.

Signature of Registrant \_\_\_\_\_ Date: \_\_\_\_\_

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

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**TO BE COMPLETED BY OFFICE**

Fee \$35.00: CASH OR CHECK (Circle One) Check# \_\_\_\_\_ Permit # \_\_\_\_\_

## STUDENT DRIVING POLICY

(from 2010-2011 High School Student Handbook, adopted by the Olentangy Board of Education May, 2010)

In the interest of student safety, provisions have been made to provide bus transportation for all students to and from school. Those students granted permission to operate a vehicle should understand that driving their vehicles to school is a privilege that may be revoked by the school authorities in the event a student violates any of the guidelines pertaining to the Driving Regulations.

The Olentangy Local Schools assumes no responsibility or liability for injuries to persons or for damage to or loss of contents from any vehicle while on school property.

Any licensed driver wishing to drive to school must abide by the following rules:

- 1) Students must observe a proper speed while on the school grounds.
- 2) Students must park only in the proper student parking lot.
- 3) Students may not park in faculty or visitor parking lots.
- 4) Students are not to drive on the grass.
- 5) School buses have the right-of-way at all times.
- 6) Students must be out of their cars and in school by 7:15 a.m.
- 7) Driving privileges may be denied for violation of Attendance Policies (to include absences, tardies and/or leaving school without permission).
- 8) Cars are to be parked within parking lines.
- 9) Students are not allowed to move their cars without permission from the office.
- 10) Students are to complete a *Pupil Driving Permit Registration and Agreement* form, available in the Main Office and on the district Web site. Upon completion and return of this form, a high school permit will be issued. A parking fee will be charged. The permit must be displayed from the front mirror of the car that is being driven to school. Failure to do so may result in school discipline.
- 11) Violation of these rules may result in suspension of driving privileges for a period of time to be determined by the principal or principal's designee.
- 12) Students are not to loiter in their cars.

## LOSS OF DRIVING PRIVILEGES

When the superintendent of the school district receives information that the student of compulsory school age has:

- 1) Been absent without legitimate excuse for more than ten consecutive days or a total of at least fifteen school days;
- 2) Withdrawn from school for a reason other than a change of residence and is not enrolled in and attending an approved program to obtain a diploma or its equivalent;
- 3) Been suspended or expelled from school and the reason for the suspension or expulsion is the use or possession of alcohol and/or drugs; or,
- 4) Been suspended or expelled from school pursuant to Ohio Revised Code 2923.122 (A), (B), (D) and (E) (1), knowingly conveying, or attempting to convey, a deadly weapon or dangerous ordnance, knowingly possessing a deadly weapon or dangerous ordnance on school premises, in a school or school building, at a school activity or on a school bus,

The superintendent may be required to notify the registrar of motor vehicles and the juvenile judge of the county. The registrar of motor vehicles is required to suspend the temporary instruction permit or driver's license of the student who is the subject of the notice. If a temporary permit or license has not been issued for that student, the registrar is prohibited from issuing a temporary permit or a license.

Denial of privileges will remain in effect until the student reaches age 18, or until the denial is terminated for another reason allowed by law.

The student will have an opportunity to present evidence that s/he has not been habitually absent without legitimate excuse.

## SCHOOL'S RIGHT TO SEARCH

Lockers, desks or storage places provided for student use are, and remain at all times, property of the Olentangy Local School District Board of Education. These areas and the contents, therefore, are subject to a random search at any time, pursuant to board policy. Random searches of lockers and vehicles may include the assistance of dogs trained to detect the presence of drugs. Administrators are authorized to conduct reasonable inspection of school property or of students and items brought upon school grounds, including vehicles, when there is reasonable cause to believe that a student may be in possession of evidence that a law or a school rule has been violated. In addition, the contents of a cell phone may be searched if there exists a reasonable suspicion that it may have been used in an activity prohibited by the Code of Conduct.