

7320 N. Palmyra Road, Canfield, Ohio 44406  
330.533.8755 ext. 1181

## **2021/22 Application RETURNING STUDENTS**

- Applications must include the following:
  - 2 Proofs of Residency in Parent/Guardian or Student's Name - Must be NO MORE than 2 months old (ex: utility bill, rent agreement, etc.)

**Please return the completed application to the school or email to  
[s.forsythe@valleyvirtual.org](mailto:s.forsythe@valleyvirtual.org)**

Do not complete this section. Intended for school use only.

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

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

Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Reason: \_\_\_\_\_

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

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

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

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

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

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

INCOME ELIGIBILITY GUIDELINES			
Household size	Yearly	Monthly	Weekly
1	\$23,606	\$1,968	\$454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional person:	8,288	691	160

# in Household \_\_\_\_\_

**Fill out one:**

Weekly Income \_\_\_\_\_

Monthly Income \_\_\_\_\_

Yearly Income \_\_\_\_\_

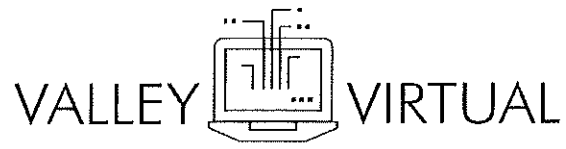
**Privacy Act Statement: This explains how we will use the information you give us.**

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

**Student's Name** \_\_\_\_\_

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



REMOTE LEARNING ACADEMY

## Contact Information 2021/22

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

**Email:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Mother / Guardian Name** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Father / Guardian Name** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

---

**Student Health Issues:**

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

**Medications**

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

**Allergies**

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

### Emergency Contact

**Name** \_\_\_\_\_

**Phone** \_\_\_\_\_



Valley Virtual Remote Learning Academy

EMERGENCY MEDICAL AUTHORIZATION

Section 3313.712, Ohio Revised Code

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

Name of Home School \_\_\_\_\_

Address \_\_\_\_\_

Grade \_\_\_\_\_

Social Security # \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

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

Mother's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name of relative, friend, or childcare provider to be notified if unable to reach parent:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

PART I -- TO GRANT CONSENT

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

DOCTOR \_\_\_\_\_

PHONE \_\_\_\_\_

DENTIST \_\_\_\_\_

PHONE \_\_\_\_\_

HOSPITAL \_\_\_\_\_

EMERGENCY PHONE \_\_\_\_\_

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 doctor or, in the event the designated preferred practitioner is not available, by another licensed physician; 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 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:

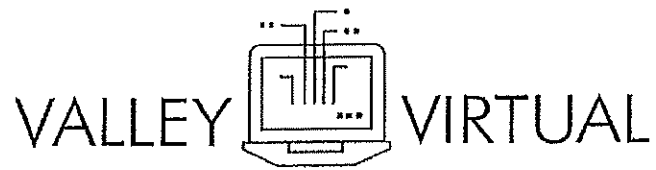
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

\*\*\*\*\*

- 1. Does your child have any health problems or concerns the school personnel should be aware of? If so, what?
2. Is your child under a doctor's care on an ongoing basis?
3. Does your child take any medication regularly?
4. Does your child have any allergies -- either food or environmental? Specify, please.



REMOTE LEARNING ACADEMY

## STUDENT / GUARDIAN EMAIL

---

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

Student Email \_\_\_\_\_

Guardian Name \_\_\_\_\_

Guardian Email \_\_\_\_\_

### HANDBOOK

I understand the Handbook for Valley Virtual Remote Learning Academy is online at [www.valleyvirtual.org](http://www.valleyvirtual.org) under Documents & Links for my reference.

Signature Guardian: \_\_\_\_\_

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

# Ohio School Report Cards



Not Rated

School Rating

## 2019 - 2020 Report Card for

# Mahoning Unlimited Classroom

Schools that receive the dropout prevention and recovery report card receive ratings for up to eight measures and four components. The 2019-2020 report cards will not have grades or ratings. Limited data is available due to the coronavirus pandemic and ordered school-building closure.

### Achievement Component

The Achievement component, previously called the High School Test Passage Rate component, represents the number of students who meet applicable criteria on assessments that are required for graduation. The data for this component is not available this year.



Not Rated

Rating

### Graduation Rate

The Graduation Rate component looks at the percent of students who are successfully finishing high school with a diploma in four, five, six, seven or eight years. This data is available and was not impacted for the reporting years.



Not Rated

Rating

### Progress

The Progress component looks closely at the growth all students are making during the school year. The data for this component is not available this year.



Not Rated

Rating

### Gap Closing

This component shows how well schools are improving or meeting the performance expectations for all students in English language arts, math, graduation and English language proficiency. The data for this component is not available this year.



Not Rated

Rating

**Graduation Rates**  
A Graduation rate is not calculated if there are not at least 10 students in the graduating class.

- 27.1% of students graduated in 4 years
- 35.2% of students graduated in 5 years
- 36.2% of students graduated in 6 years
- 31.1% of students graduated in 7 years
- 41.7% of students graduated in 8 years
- 34.5% is the weighted average of all graduation rates.



Not Rated

4-Year Rating



Not Rated

5-Year Rating



Not Rated

6-Year Rating