



**St. Joan of Arc School**  
Learners Today ~ Leaders Tomorrow  
120 Bordner Ave SW  
Canton OH 44710  
P: 330-477-2974  
F: 330-478-2606

Email: [stjoaelem@youngstowndiocese.org](mailto:stjoaelem@youngstowndiocese.org)

## **DISPENSATION OF MEDICATION**

### **SECTION A – To be completed by parent:**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

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

We (I) undersigned, who are the parent(s)/guardian(s) of the above-mentioned child, request that the health care services, outlined below and prescribed by the physician, be provide to our child. We (I) authorize the school to appoint a qualified designated person(s) to perform the prescribed treatment as directed by the physician. We (I) agree to notify the school personnel immediately if there is any change in either the child's treatment regimen or the authorizing physician.

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

\_\_\_\_\_  
Date

### **SECTION B – To be completed by the physician:**

Physician's Name (printed) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of treatment/medication \_\_\_\_\_

Specific instructions for administration \_\_\_\_\_

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

Adverse reactions that should be reported to the physician \_\_\_\_\_

Training necessary for lay personnel to administer treatment \_\_\_\_\_

Special Storage instructions \_\_\_\_\_

Physician's signature \_\_\_\_\_

**\*MEDICATION MUST BE IN ORIGINAL CONTAINER IN WHICH IT WAS DISPENSED**

**\*LIMIT AMOUNT TO ONLY THAT WHICH IS NEEDED**



## Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____	
<b>Communication Preferences</b> Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.		1. In what language(s) would your family prefer to communicate with the school? _____	
<b>Language Background</b> Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.		2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____	
<b>Prior Education</b> Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.		5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month      Day      Year	
<b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.		_____	
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____	
Parent/Guardian Signature: _____		Today's Date: <i>(mm/dd/yyyy)</i> _____	

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



**Spanish | Apéndice A: Encuesta de uso del lenguaje**

Padres y tutores: Sólo complete esta página de la encuesta. El reverso de este formulario lo completará la escuela. Se requiere una encuesta de uso del idioma completa para todos los alumnos al momento de la inscripción en las escuelas de Ohio. Esta información servirá para que el personal de la escuela sepa si necesitan verificar el dominio de inglés de su hijo/a. Las respuestas a estas preguntas aseguran que su hijo/a reciba los servicios educativos necesarios para tener éxito en la escuela. La información no se usa para identificar condición de inmigración.

<b>Nombre del alumno:</b> <i>(nombre y apellido)</i> _____		<b>Fecha de nacimiento del alumno:</b> <i>(mm/dd/aaaa)</i> _____	
<b>Preferencias de comunicación</b> Indique su preferencia de idioma para que podamos proveer un intérprete o documentos traducidos sin costo cuando los necesite. Todos los padres tienen derecho a obtener información sobre la educación de sus hijos en un idioma que entiendan.		1. ¿En qué idioma(s) preferiría su familia comunicarse con la escuela? _____	
<b>Antecedentes del idioma</b> La información sobre los antecedentes del idioma de su hijo/a nos ayuda a identificar a los alumnos que cumplen las condiciones para recibir apoyo para desarrollar las habilidades lingüísticas necesarias para tener éxito en la escuela. Puede ser necesario realizar pruebas para determinar si se necesitan apoyos para aprender el idioma.		2. ¿Qué idioma aprendió primero su hijo/a? _____ 3. ¿Qué idioma usa más su hijo en casa? _____ 4. ¿Qué idiomas se usan en su casa? _____	
<b>Educación previa</b> Las respuestas sobre el país de nacimiento de su hijo/a y la educación anterior nos brindan información sobre los conocimientos y habilidades que su hijo está trayendo a la escuela y pueden permitir que la escuela reciba fondos adicionales para apoyar a su hijo/a.		5. ¿En qué país nació su hijo/a? _____ 6. ¿Ha recibido su hijo/a educación formal fuera de los Estados Unidos? <input type="checkbox"/> Sí <input type="checkbox"/> No En caso afirmativo, ¿cuántos años/meses? _____ En caso afirmativo, ¿cuál fue el idioma de instrucción? _____ 7. ¿Ha asistido su hijo a la escuela en los Estados Unidos? <input type="checkbox"/> Sí <input type="checkbox"/> No En caso afirmativo, ¿cuándo asistió su hijo por primera vez a la escuela en los Estados Unidos? _____ / _____ / _____ Mes                      Día                      Año	
<b>Información adicional</b> Comparta información adicional para ayudarnos a comprender las experiencias de idioma y los antecedentes educativos de su hijo/a.		_____	
Nombre del padre/tutor: _____		Apellido del padre/tutor: _____	
Firma del padre/tutor: _____		Fecha de hoy: <i>(mm/dd/aaaa)</i> _____	

Gracias por brindar la información precedente. Comuníquese con su escuela u oficina del distrito si tiene preguntas sobre este formulario o sobre los servicios disponibles en la escuela de su hijo/a. Se puede encontrar información traducida sobre las obligaciones de derechos civiles de las escuelas con los estudiantes de inglés como segundo idioma y padres con dominio limitado del inglés en este enlace: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



# St. Joan of Arc School Student Contract

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

*\*Students in grades K-2 may not fully understand much of this document, so parents are welcome to summarize and ad lib as needed.*

Attending St. Joan of Arc School is a privilege made possible by the hard work of its staff, teachers, parents, parish support, and most importantly, God's Grace. With that in mind, students are expected to uphold Christian values in their daily lives, especially during their time at the school and church. While we understand that all students make mistakes, it is crucial that poor behavior be rare and infrequent.

The goal for students at St. Joan of Arc School is to embrace Jesus's love and to treat others in the way that they would want others to treat them. We want our students to go out into the community and be beacons of shining light who seek out truth, goodness, and beauty. We ask that all students read and check mark (as a statement of understanding) each of the following statements of Christian living.

- ☐ I will not engage in or promote behaviors which contradict the teachings of the Catholic Church.
- ☐ I will not speak poorly of other people at St. Joan of Arc.
- ☐ I will do what my teachers instruct me to do the first time they tell me.
- ☐ I will not disrupt class or student learning in any way.
- ☐ I will never use obscene or vulgar language.
- ☐ I will never touch, hit, or harm anyone at the school.
- ☐ I will treat all school property with respect and care.
- ☐ I will not show unkindness to anyone at school.
- ☐ I will respect others' belongings and their school work.
- ☐ I will speak the truth in all situations.
- ☐ I will follow the school dress code.
- ☐ I will follow all rules regarding school cell phone policy.
- ☐ I will complete work assigned by the teacher.
- ☐ I will strive to see the bright side of all situations and understand that everything is part of God's Plan.
- ☐ I will strive to help those who are in need of kindness.
- ☐ I understand that I am responsible for my own actions; my actions are no one else's fault.

I understand that it is my duty to be a positive influence at St. Joan of Arc School and that my status as a student at St. Joan of Arc School is a privilege not to be taken for granted. I understand that my own actions can lead to detentions, suspensions, and expulsion from the school. I understand that I will not be given an unlimited number of "chances" to correct my behavior.

Taking everything above into consideration, I pledge to live in a Christian manner and be a role model for my classmates and the students younger than me who look up to me.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)





**2023-2024**  
**ST. JOAN OF ARC SCHOOL**  
**SUPPLY LIST**

**KINDERGARTEN**

- \*\*1 School Book Bag** (large enough to hold a folder and a lunch box.) **No Rolling Backpacks permitted**
- 4 Boxes of Crayola Crayons, **regular size (24 count only) \*\*no large size, specialty colors, glitter, fluorescent, scented or back to basics.**
- 4 Two pocket folders (bottom pockets only)
- 4 Containers of Wet Wipes (that can be used on the hands)
- 1 Box Quart size Freezer Ziploc bags (please no slide or glide)
- 1 Pair of Headphones (Must fit over the ear, no buds please)
- 1 9 x 12 Clipboard
- 1 Wide Ruled Notebook
- 1 10 pack Skinny Crayola Markers
- 6 Small Glue Sticks (**Elmer's Brand Purple Glue**)
- 3 Clorox Wipes
- 2 Large boxes of tissues
- 1 Large/oversized paint shirt
- 1 Package of Dixie Cups
- 1 Box Honey Maid Graham Crackers (plain)
- 2 Tubs of Vanilla Icing
- Last Names A-L:** Quart Freezer Ziploc bags, 2 Rolls of paper towels.
- Last Names M-Z:** Gallon Storage Ziploc bags, 1 Large Pack of Napkins

**GRADE ONE**

- \*\*Book Bag or Backpack-No Rolling Backpacks**
- 4 Boxes of 24 Crayola crayons (no scented or sparkled crayons)
- 2 Erasers-Pink Beveled
- 4 Large Glue sticks
- 3 Heavy weight, laminated folders (not plastic)
- 1 9x12 Clipboard
- 2 Large boxes of Puffs tissues
- 1 Pair headphones
- 1 Roll Select-a-size paper towels
- 1 container of wipes (that can be used on hands)

**\*\*Please put your CHILD'S NAME on everything! \*\***

**GRADE TWO**

- \*\*Book bag or backpack**
- 2 Package #2 pencils
- 2 Red pencils
- 2 Boxes of 24 Crayola crayons only (no markers)
- 1 School Box or Pencil Pouch
- 2 Erasers - Pink Bevel
- 1 School Glue 8 oz. bottle (Elmer's white only)
- 2 Elmer's glue sticks
- 4 Two pocket folders (Red, Green, Yellow, 1 of your choice)
- 1 Pair of Headphones
- 1 9 x 12 Clipboard
- 1 box Crayola Colored Pencils (12)
- 1 Large box of Puff's Tissues
- Boys:** 1 container antibacterial wipes
- Girls:** 2 rolls paper towels

**GRADE THREE**

- \*\*1 Book Bag/ Backpack**
- 1 Pack Wide Ruled lined paper
- 2 Package of colored pencils (12 count)
- 1 package colored markers **FINE TIP** (8 count)
- 3 (12 count) Packages #2 pencils (**no mechanical pencils**)
- 1 box 24 Crayola crayons (no larger)
- 2 Red pencils (no pens)
- 1 Pair of Scissors
- 2 Large erasers - Pink Beveled
- 1 Ruler 12" (inches and centimeters)
- 2 Large boxes of tissues
- 2 Side spiral one subject notebooks-**Wide Ruled**-different colors
- 3 Folders: sturdy, with bottom pockets (**no binders**) different colors/designs (**no plastic**)
- 2 Glue sticks
- 2 Yellow Highlighters
- 2 Rolls of Paper towels
- 1 Small Pencil box/pouch (not over-sized)
- 1 Pack of Flashcards (Multiplication/Division)
- 1 Pair earbuds or headphones
- 1 Composition notebook (**wide ruled**)
- Girls:** Sandwich size Ziploc bags
- Boys:** Gallon size Ziploc bags





**2023-2024**  
**ST. JOAN OF ARC SCHOOL**  
**SUPPLY LIST**

**GRADE FOUR**

- \*\*Book Bag that fits in a locker
- 2 dry erase markers
- 2 Packs #2 lead pencils
- 2 Highlighters
- 1 Eraser - Pink Bevel
- 2 Red pencils or pens
- 1 Pencil pouch (No Boxes)
- 1 Box Crayola thin washable markers
- 1 Box of 24 Crayola crayons
- 2 Large glue sticks
- 1 Pair of scissors
- 1 Ruler 12" (metric & standard measure)
- 1 Pack flashcards-multiplication
- 8-2-pocket folders (blue, green, red, yellow, & black  
3 can be your choice)
- 3 One subject notebooks (green, red & yellow)
- 1-3-subject notebook (blue)
- 2 Large boxes of tissues
- 2 Rolls of paper towels
- 1 Container of anti-bacterial wipes
- 1 Pair earbuds or headphones

**\*\*Please put your CHILD'S NAME on everything!**

**GRADE FIVE**

- \*\*Book bag that fits in locker
- 1 Package of #2 pencils
- 1 Package of (12) red pens or red pencils
- 1 Package of (12) blue or black pens
- 2 Dry Erase Expo Markers
- 1 Pencil pouch (No boxes please)
- 8 Two Pocket Folders
- 6 One subject notebook - standard rule.  
**(Please Match Notebook & Folder colors)**
- 1 Box crayons 24 count
- 2 Large school glue sticks
- 1 Eraser
- 1 Box of markers
- 2 Highlighters (any color)
- 1 Pair scissors
- 2 Containers of antibacterial wipes
- 2 Large Boxes of tissues
- 1 Pair earbuds or headphones

**\*Label all supplies with your Child's Name in permanent marker!**

**GRADES SIX, SEVEN, & EIGHT**

- 1 pair of **EARBUDS** to keep at school (**No Bluetooth**)
- 1 book bag that fits in the lockers (no wheels)
- 2 pencil pouches (no boxes)
- 1 basic scientific calculator (**7th & 8th grade only**) **REQUIRED**
- 1 - (1 inch) binder (**for 8th Grade Algebra**)
- 1 pair of scissors
- 1 large glue sticks
- 1 pencil sharpener
- 2 packs of pencils
- 1 - 8 pack of colored pencils
- 1 - 8 pack of fine tip pens (ie. Flair, Frixion)
- 1 - 8 pack of thick markers
- 1 - 4 pack of highlighters
- 2 Expo markers
- 5 - 3 subject notebooks in RED, PURPLE, BLUE, GREEN & YELLOW
- 5 - pocket folders in red, purple, blue, green, and yellow
- 2 - extra folders
- 2 - extra 1 subject notebooks
- 1- boxes of tissues
- 1- Roll of Paper Towels
- 1 container of antibacterial wipes/Clorox wipes
- \*Please label all supplies with your child's name.**
- Do not label subjects; we'll do that together.**

**SPANISH (Grades 6,7 & 8)**

- 1 folder with pockets
- 1 notebook

**ART (All Grades K-8)**

**All Students in K-8:**

- 1 large container of wet wipes (that can be used on hands)
- 2 Rolls of Paper Towels





**St. Joan of Arc School**  
**Learners Today ~ Leaders Tomorrow**  
**FIELD TRIP RELEASE FORM**

**COST to be determined**

Dear All St. Joan of Arc Teachers  
(teacher's name)

I, \_\_\_\_\_, am the \_\_\_\_\_  
(name of parent or guardian) (father, mother, custodial parent, guardian)

of \_\_\_\_\_, a student at \_\_\_\_\_  
(name of child) (name of school)

in the \_\_\_\_\_ grade. I hereby request permission for the above-named child

to attend ANY FIELD TRIP DURING THE SCHOOL YEAR  
(type of field trip)

with \_\_\_\_\_  
(teacher's name and class)

I consent to the child's participation in such a field trip.

I understand that the children will get to the place of the field trip by Public School Transportation.

In consideration of the child being allowed to participate in the field trip, on behalf of the child, my spouse and myself, I hereby assume all risks in connection with the field trip and I further release the Bishop of Youngstown, the Roman Catholic Diocese of Youngstown, School and the pastoral staff, employees and volunteers thereof from all claims, judgment, liability for any injury or damage that the child or his/her estate, myself or my spouse ever had, now has or may have due to the child's participation in the field trip, including all risks connected therewith whether foreseen or unforeseen.

I fully understand what is involved in the field trip, and I understand that I have the opportunity to contact the teacher and ask him/her about the field trip. IN CASE OF AN EMERGENCY, I CAN BE REACHED AT:

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

**\*\*\*\*Please make sure you turn in your permission slip as soon as possible. This is for any field trip during the 2023-2024 School year.**





# St. Joan of Arc Catholic School

*Developing and strengthening roots in God's Love and Mercy*  
120 Bordner Ave. SW Canton, OH 44710 | [stjoaelem@youngstowndiocese.org](mailto:stjoaelem@youngstowndiocese.org) | 330-477-2972



## Frequently Asked Questions About Free and Reduced-Price School Meals

**THIS FORM MUST BE FILL OUT BY EVERY FAMILY BY AUGUST 25, 2023**

Dear Parent/Guardian:

Children need healthy meals to learn. St. Joan of Arc offers healthy meals each school day. Lunch cost is \$3.50. **Your children may qualify for free meals or for reduced-price meals.** Reduced price is \$ 0.25 for lunch. This packet includes an application for free or reduced-price meal benefits and detailed instructions. Below are some common questions and answers to help you with the application process.

1. **Who can receive free or reduced-price meals?** All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF); foster children that are under the legal responsibility of a foster care agency or court; children participating in their school's Head Start program; and children who meet the definition of homeless, runaway, or migrant are eligible for free meals. Also, your children may receive free or reduced-price meals if your household's income is within the federal income eligibility guidelines limits.

INCOME ELIGIBILITY GUIDELINES 2023-2024			
Household size	Yearly	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each Additional Person:	9,509	793	183

2. **How do I know if my children qualify as homeless, migrant or runaway?** If members of your household lack a permanent address; are staying together in a shelter, hotel or other temporary housing arrangement; relocate on a seasonal basis or; children live with you who have chosen to leave their prior family or household then the children may qualify as homeless, migrant or runaway. If you have not been told your children will receive free meals, please call or email **Jessica Cooper** at [Jessica.cooper@youngstowndiocese.org](mailto:Jessica.cooper@youngstowndiocese.org) or (330)-477-2972 to see if they qualify.
3. **Do I need to fill out an application for each child?** No. Use one free and reduced-price school meal application for all students in your household. We cannot approve an application that is not complete. Please submit all required information. **Return the completed application to the office at St. Joan of Arc, 120 Bordner Ave. SW. Canton, OH 330-477-2972.**
4. **Should I complete an application if I received a letter this school year saying my children are approved already for free meals?** No, but please read the letter carefully and follow the instructions. If any children in your household were missing from the eligibility notification, contact **St. Joan of Arc 120 Bordner Ave. SW. Canton, OH 44710 – 330-477-2972** immediately.
5. **Can I apply online?** Yes. If possible, you are encouraged to complete an online application instead of a paper application. The online application requirements are the same and will request the same information as the paper application. Visit **[usda.gov](https://www.usda.gov)** to begin or to learn more about the online application process. Contact the school office

at St. Joan of Arc, **120 Bordner Ave. SW Canton, OH 44710 – 330-477-2972** with any questions about the online application.

6. **My child's application was approved last year. Do I need to complete another application?** Yes. Your child's application is valid for that school year and for the start of this school year. You are required to submit a new application unless the school notified you that your child is eligible for the new school year.
7. **I receive Women, Infants and Children (WIC) benefits. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please submit a completed application.
8. **Will the information I give be checked?** Yes, we also may ask you to send written proof.
9. **If I do not 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.
10. **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 the following contact person: **Mary Fiala – Diocese of Youngstown – 330-744-8451.**
11. **May I apply if someone else in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced-price meals.
12. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, submit the report with the routine amount of \$1,000 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.
13. **What if some household members have no income to report?** Household members may not receive some types of income that are asked for you to report on the application or may not receive income at all. When this happens, please write a 0 in the corresponding field. However, if any income fields are left empty or blank, those also will be counted as zeroes. Please be careful when leaving income fields blank.
14. **We are in the military. Do we report our income differently?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it also 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. Any additional combat pay resulting from deployment also is excluded from income.
15. **What if there is not enough space on the application for my family?** List any additional household members on a separate piece of paper and attach it to your application. Contact **the school office at St. Joan of Arc 120 Bordner Ave. SW Canton, OH 44710 – 330 – 477- 2972** to receive a second application.
16. **Why am I being asked to give my consent for an instructional fee waiver?** Ohio public schools are required to waive the school instructional fees for children that qualify for free meal benefits. School food service personnel must have parent consent to share the student meal application if your child(ren) qualify for a fee waiver. If you agree to allow your child(ren)'s meal application to be shared with school officials to see if they qualify for a fee waiver then select **yes** in part 5. If you do not wish for that information to be shared, then select **no** in part 5. Answering no to this question will mean your child will not be considered for a fee waiver. Answering this question either way will not change your child(ren)'s free or reduced-price meal eligibility.
17. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for Ohio Supplemental Nutrition Assistance Program (SNAP) or other assistance benefits, contact your local assistance office or call 877-852-0010.

If you have other questions or need help, call **330-477-2972**.

*Si necesita ayuda, por favor llame al teléfono: 330-477-2972.*

*Si vous voudriez d'aide, contactez nous au numero: 330-477-2972.*

Sincerely,  
**Dan Mitchell**

## 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 grade level for each child.

**Part 2:** List the 7-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. The last four digits of a Social Security Number are **not** necessary.

**Part 7:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

### IF NO ONE IN YOUR HOUSEHOLD RECEIVES SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, 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 St. Joan of Arc at **330-477-2972**. If not, skip this part.

**Part 4:** Complete only if a child in your household is not 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 did not need to complete in part 4.

**Part 7:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

### IF YOU APPLY 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 grade level for each child. Check the box that indicates 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:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

If some 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 7-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 St Joan of Arc school at **330-477-2972**. 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 appropriate box to note how often the person receives the income - weekly, every other week, twice a month, or monthly. For earnings, list the gross income - not the take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on pay stubs. For other income, list the amount and check the box to note how often each person received assistance 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, report income after expenses under *Earnings from Work*. This is for your



business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive 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 he or she does not have one).

**Part 7:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

**ALL OTHER HOUSEHOLDS (INCLUDING WIC HOUSEHOLDS) FOLLOW THESE INSTRUCTIONS:**

**Part 1:** List all household members and the school name and 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 7-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 St Joan of Arc school at 330-477-2972. 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 note 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 take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on pay stubs. For other income, list the amount and check the box to note how often each person received assistance 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, report income after expenses under *Earnings from Work*. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive 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 their Social Security Number (or mark the box if he or she does not have one).

**Part 7:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

## 2023-2024 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

### Part 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school.  School Grade	Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. BENEFITS:** If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 7-digit case number for the person who receives benefits and **skip to Part 5**. If no one receives these benefits, **skip to Part 3**.

NAME: \_\_\_\_\_ 7-DIGIT CASE NUMBER: \_\_\_\_\_

**Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call St. Joan of Arc at 330-477-2972.**

Homeless ☐ Migrant ☐ Runaway ☐

**Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions).** List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
<b>(Example) Jane Smith</b>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00/quarterly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /

**Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT:** Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals.

Please check a box: ☐ **Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.**

☐ **No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.**

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

### Part 6. SIGNATURE AND LAST FOUR DIGITS OF 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 the last four digits of 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 receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last four digits of your Social Security Number: \_\_\_\_\_ ☐ I do not have a Social Security Number

**Part 7. Children's ethnic and racial identities:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity:  <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity):  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Asian  <input type="checkbox"/> White         </div> <div> <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Native Hawaiian or other Pacific Islander         </div> <div> <input type="checkbox"/> Black or African American         </div> </div>
---	---

<b>Do not complete this section. Intended for school use only.</b>			
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.

**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.

INCOME ELIGIBILITY GUIDELINES 2023-2024			
Household size	Yearly	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each Additional Person:	9,509	793	183

**USDA Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



**Ohio Department of Education  
Office of Nutrition  
National School Lunch Program**

**PROTOTYPE NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS  
For the 2023-2024 Program Year**

**Please place the following information on school letterhead.**

Dear Parent/Guardian:

You applied for free or reduced- price meals for the following child(ren):


Your application for free or reduced-price meals for your child(ren) has been:

- \_\_\_ Approved for free meals.
- \_\_\_ Approved for reduced-price meals at \$0.25 for lunch, (and milk).
- \_\_\_ Denied for the following reason(s):
- ( ) Income over the allowable amount.
- ( ) Incomplete application for \_\_\_\_\_
- ( ) Other \_\_\_\_\_

If you do not agree with the decision, you may discuss it with the school. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

Name: Mary Fiala

Phone (330)-744-8451

If you are not eligible now but have a decrease in household income, become unemployed, have an increase in household size or become eligible to receive Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) funds, fill out an application at that time.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

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

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Dear Parent/Guardian:

If your children receive free or reduced-price school meals, they may also be eligible for free or low-cost health insurance through Medicaid or the State of Ohio Healthy Start, Healthy Families Program. Children with health insurance are more likely to 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).

---

☐ **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 **330-477-2972**.

**Return this form to: by August 25, 2023 to St Joan of Arc School Office (120 Bordner Ave. SW Canton. OH 44710).**

This institution is an equal opportunity provider.

## 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.

---

☐ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application for **School Fee Waiver**.

☐ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **St. Joan of Arc School**.

☐ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **St. Joan of Arc 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 **Mr. Mitchell at 330-477-2972**.

**Return this form to: by August 25, 2023 to St Joan of Arc School Office (120 Bordner Ave. SW Canton, OH 44710).**

This institution is an equal opportunity provider.

# 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

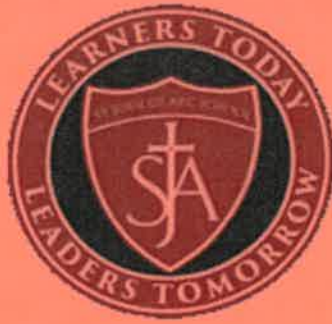
Saturday - Sunday

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.





## Statement of Understanding 2023-2024

By signing my name below, I am indicating that I have read and understand the expectations indicated in the Handbook (online) for being a student at St. Joan of Arc School.

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Student

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Grade Level

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Student

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Grade Level

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Student

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Grade Level

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Student

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Grade Level

---

Parent Name

---

Parent Signature

---

Date

***Please return this signed form to school the first week of school.***

Thank you!



THE UNIVERSITY OF CHICAGO

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