

School Year 2009/2010
PLEASE FILL OUT ALL FORMS COMPLETELY

P A C E High School
Progress Achievement Choice Empowerment

1601 California Ave ~ Cincinnati Ohio 45237 ~ (513) 751-7223~ (513) 482-3322 (fax)

Thank you for your interest in P.A.C.E. High School. Please take time to look over our information packet.

Included in this information packet is a checklist of items needed to enroll/re-enroll. It is now a requirement that ALL new and former students of PACE High school complete the **2009-2010** enrollment packet included with this letter.

New Students will need to include the following when turning in the enrollment packet:

- Birth Certificate
- Social Security Card
- Withdrawal Form from Previous School Attended
- Proof of Address (Copy of current Utility Bill or current lease)
- Current Immunization Record

Returning Students will need to include the following when turning in the enrollment packet:

- Current Proof of Address

ALL students will need a current copy of their **School Transcript** and any **Ohio Graduation Test Scores (if applicable)**. If a transcript cannot be obtained due to owing fees, please bring the latest report card or progress report. This will help us place your child in the correct classes. ***Please keep in mind that your child CANNOT graduate until a copy of the Transcript is received.*** ***** If you have a current case with Hamilton County, School Fee Waivers may be available. Please inquire with your case worker.*****

Please Note: **New Students** - ALL information MUST be turned in BEFORE your student can be accepted into the PACE Program. **Returning Students** will NOT receive a Bus Card or Tokens until New Enrollment Packet and Current Proof of address is received.

If you would like further information or clarification please feel free to contact our Registrar's office at (513) 751-7223 or visit us at our website located at www.pacehigh.org

Again, thank you for your interest in Pace High School and we look forward to serving your educational needs.

PACE High School
Office of the Registrar

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WHAT YOU WILL NEED TO REGISTER

*(COPIES ARE ACCEPTED – ALL FORMS MUST BE TURNED IN BEFORE YOU ARE CONSIDERED
'ENROLLED' IN THE PACE PROGRAM AND BEFORE YOU RECEIVE BUS CARD OR TOKENS!)*

NEW STUDENTS:

BIRTH CERTIFICATE

SOCIAL SECURITY CARD

PROOF OF ADDRESS

(CURRENT UTILITY BILL, CURRENT LEASE, CERTIFIED STATEMENT OF RESIDENCY)

WITHDRAWAL FORM

(IF ENROLLED IN AN OHIO SCHOOL WITHIN THE LAST YEAR)

CURRENT IMMUNIZATION RECORD

TRANSCRIPT/LAST REPORT CARD

(FOR PLACEMENT IN CORRECT GRADE LEVEL)

OHIO GRADUATION TEST SCORES

RETURNING STUDENTS:

2009-2010 ENROLLMENT PACKET

CURRENT PROOF OF ADDRESS

P.A.C.E. HIGH SCHOOL
Enrollment Form

Student Information

Last Name _____
First Name _____
Middle Name _____ Grade _____
Gender Male Female

Resident Address _____
Apartment _____
City _____
State _____
Zip Code _____
Phone Number (____) _____ - _____
Unlisted? (check one) No Yes
Birth date (MM/DD/YY) ____/____/____
Social Security Number ____ - ____ - ____

Ethnic Code (check one)
 Black White Hispanic
 Multi-Racial Native American
 Asian/Pacific Islander

Birthplace (City) _____

Parent/Guardian Signature: _____

Today's Date
____/____/____

(OFFICE USE ONLY)

NEW Enroll _____
ENTRY DATE ____/____/____

RE-Enroll _____
ENTRY DATE ____/____/____

CSADM ID _____
SSID _____

DISABILITY CATEGORY

HOMELESS STATUS

SCHOOL DISTRICT

EMERGENCY INFORMATION

Contact Name _____	Contact Name _____
Address _____	Address _____
Phone Number (____) _____ - _____	Phone Number (____) _____ - _____
Relationship _____	Relationship _____

Physician _____ Phone (____) _____ - _____

PREVIOUS EDUCATION INFORMATION - List at least 2

School (begin with most recent)	Street Address + City, State	Year	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

P.A.C.E. HIGH SCHOOL
Student Registration Information—Page 2

MOTHER

Last Name _____ Deceased _____ No ___ Yes
First Name _____
Mailing Address _____ Federal Employee _____ No ___ Yes
City _____
State _____ Zip _____ Should mailings be sent _____ No ___ Yes
Phone Number (____) ____-____
Unlisted (*check one*) _____ Yes ___ No
Employer _____ Student resides with? ___ No ___ Yes
Work Address _____
Work Phone _____ Responsible for student ___ No ___ Yes

FATHER

Last Name _____ Deceased _____ No ___ Yes
First Name _____
Mailing Address _____ Federal Employee _____ No ___ Yes
City _____
State _____ Zip _____ Should mailings be sent _____ No ___ Yes
Phone Number (____) ____-____
Unlisted (*check one*) _____ Yes ___ No
Employer _____ Student resides with? _____ No ___ Yes
Work Address _____
Work Phone _____ Responsible for student ___ No ___ Yes

*Please complete this section if LEGAL CUSTODY has been granted to someone OTHER than Birth Parent (s).
Please turn in copy of LEGAL GUARDIANSHIP papers with application.*

GUARDIAN

Last Name _____ Deceased _____ No ___ Yes
First Name _____
Mailing Address _____ Federal Employee _____ No ___ Yes
City _____
State _____ Zip _____ Should mailings be sent _____ No ___ Yes
Phone Number (____) ____-____
Unlisted (*check one*) _____ Yes ___ No
Employer _____ Student resides with? _____ No ___ Yes
Work Address _____
Work Phone _____ Responsible for student _____ No ___ Yes

P.A.C.E. HIGH SCHOOL
Student Registration Information—Page 3

SIBLINGS

Last Name _____ Grade _____
First Name _____
Middle Initial _____ Gender (ck one) ___ Male ___ Female

Last Name _____ Grade _____
First Name _____
Middle Initial _____ Gender (ck one) ___ Male ___ Female

SPECIAL EDUCATION

In most recent school, was the student in Special Education ___No ___Yes
If Yes, Is there a current IEP available? ___No ___Yes

FOREIGN AND EXCHANGE STUDENTS ONLY

Passport Number _____ Immigration Date to USA ___/___/___
I-94 Number _____ Immigration Status _____
Nationality _____ Citizenship (please check)
Native Language _____ ___U.S. ___Exchange ___Other

LANGUAGE INFORMATION

What language did this student speak when he/she learned to talk? _____
What language does this student use most often at home? _____
What language does the parent/guardian speak to the student? _____

PRIVACY INFORMATION

Public release of student information is limited by Ohio Law to: NAME, ADDRESS, TELEPHONE LISTING, DATE AND PLACE OF BIRTH, PARTICIPATION IN SPORTS & ACTIVITIES, WEIGHT AND HEIGHT OF ATHLETIC TEAM MEMBERS, DATES OF ATTENDANCE, DATE OF GRADUATION AND AWARDS RECEIVED. If parent (s), Legal Guardian (s), or students 18 years of age wish to not have such information released, please check here: _____

I understand that all information provided on the Student Registration Information Form is correct as far as is known.

Parent/Guardian Signature _____

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CHARTER/COMMUNITY SCHOOL
STUDENT REGISTRATION INFORMATION

Today's Date / /

Use additional pages as necessary.

Student Name _____

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

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

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

(*) If different from student's address

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

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

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2009/2010 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

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

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP* or TANF case # (if any). Skip to Part 5 if you list a SNAP* or TANF case #

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #] Homeless Migrant Runaway

Part 3. Foster Child

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

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

1. Name (List everyone in household) <i>(Example)</i> <i>Jane Smith</i>	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Social Security Number: _____ I do not have a Social Security Number

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

Choose one ethnicity:

- Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian American Indian or Alaska Native
 White Native Hawaiian or other Pacific Islander
 Black or African American

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 Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

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EMERGENCY MEDICAL AUTHORIZATION FORM

School _____ Student Name _____
Grade _____ Address _____
Telephone _____

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. Information provided on this form will be shared with school personnel who interact with your child to ensure his/her safety at school unless you note otherwise.

Residential (lives with) Parent or Guardian: _____ (Designate - work or home)

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Guardian's Name _____ Daytime Phone _____

Name of Relative or Childcare Provider (circle one): _____
_____ Phone _____

Address _____

PART I OR II MUST BE COMPLETED

PART I - TO GRANT CONSENT

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

Doctor _____ Phone _____

Dentist _____ Phone _____

Preferred Local Hospital _____ 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 the above-named doctor, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital 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.

IMPORTANT

Please list any facts concerning the child's medical history including allergies, medications being taken, current medical conditions, and any physical impairments to which the school and a physician should be alerted.

Date _____ Signature of Parent/Guardian _____

PART II - REFUSAL TO CONSENT

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:

Date _____ Signature of Parent/Guardian _____