

Enrollment 2023 – 2024

Dear Prospective Gesu Families,

On September 21, 1920, Gesu School started with 48 students. The 2023 – 2024 school year will mark the 103rd year that Gesu has been providing a Catholic School education to students in the area. Gesu School is on solid footing and this school has its best years ahead! I am excited that you are interested in joining our community to help us continue to build on the "Pride and Tradition" of Gesu School.

The teachers and staff of Gesu work every day to make sure our students develop academically, character wise and spiritually. Our goal is to provide them with academic programs to ensure that we are meeting the needs of all of our students and preparing them for the world they live in. Along with your support, the opportunities for our children are endless here at Gesu.

In this packet, you will find the registration form, tuition/registration fee sheet, and tuition assistance/scholarship information. Please be sure to read all information carefully as it relates to scholarships and registration for any deadlines.

Gesu is more than a school, it is a community. We come together to impact the lives of our community members in Northwest Ohio. Through collecting food items, raising money for charities and coming together for social time, Gesu is a family and that is what makes us stand apart! I am so proud to serve as principal of this school and look forward to working with you to continue to develop our Gesu community.

If you have any questions or would like to set up a tour, please feel free to get in touch with the school office.

"WE ARE GESU"

Manuel Gonzales III

Gesu School Principal

Email: gonzales@gesugreyhoundz.com

Phone: 419-536-5634

Facebook: Gesu School + Toledo, Ohio

<p style="text-align: center;">ITEMS NEEDED FOR REGISTERING AN INCOMING PRE-K, KINDERGARTEN AND/OR NEW STUDENT</p>



PRE-K

- ☐ Birth certificate
- ☐ Baptismal certificate
(if your child is Catholic and baptized at a church other than Gesu.)
- ☐ Registration Form and Registration Fee of \$100 due on or before August 1, 2023.



KINDERGARTEN

- ☐ Birth certificate
- ☐ Baptismal certificate
(if your child is Catholic and baptized at a church other than Gesu.)
- ☐ **An appointment for kindergarten screening** please call the school office and make an appointment. Gesu School Office 419-536-5634.
(If we do not have a copy of your child's birth certificate by kindergarten screening day, you will have to make another appointment.)
- ☐ Current copy of immunization from Doctor's office, dental examination paperwork, Physical examination, completed health history form, and the emergency medical authorization form.
- ☐ If the family has applied for Ed Choice we need these items:
 - ✓ Copy of child's birth certificate
 - ✓ Ed Choice forms
 - ✓ Proof of residency, ex. most current gas, water or electric bill.
- ☐ Registration Form and Registration Fee of \$50.00 for 1 child or \$100.00 for a family. Payment due on or before August 1, 2023 for incoming new families.

**ITEMS NEEDED FOR REGISTERING
AN INCOMING PRE-K, KINDERGARTEN AND/OR NEW STUDENT**



NEW STUDENT

STEP 1: APPLICANTS ENTERING GRADES 1-8. Please provide copies of the following materials for our review as we consider acceptance and placement of your child: Registration is not complete until all items are received and have been submitted.

- ☐ Birth Certificate
- ☐ A copy of your child's current report card to date and last year's report card.
- ☐ Copies of **standardized test scores**, such as Ohio Achievement, Stanford, or Scantron test scores.
- ☐ Copies of psychological or multi-factored evaluations used to determine learning disabilities or gifted/talented learning styles.
- ☐ List and Copies of **special services reports** if your child has had tutoring, speech, or counseling/psychological services.
- ☐ _____
- ☐ **Copies of any Individualized Educational Plan (I.E.P.) and ETR's if your child has received any services for special needs. (Ex. learning disability)**
- ☐ List any and all previous schools your child has attended.
- ☐ _____
- ☐ **A list of any medications your child may require such as inhalers for asthma, medication for ADD, or other conditions that may affect their participation in school activities.**
- ☐ _____
- ☐ If the family has applied for Ed Choice we need these items:
 - ✓ Copy of child's birth certificate
 - ✓ Ed Choice forms
 - ✓ Proof of residency, ex. most current gas, water or electric bill.
- ☐ Registration Form and Registration Fee of \$50.00 for 1 child or \$100.00 for a family. Payment due on or before August 1, 2023 for incoming new families.

<p style="text-align: center;">ITEMS NEEDED FOR REGISTERING AN INCOMING PRE-K, KINDERGARTEN AND/OR NEW STUDENT</p>

STEP 2: APPLICANTS ENTERING GRADES 1-8.

As part of the Gesu School admission process, any student seeking to enroll for the 2023-2024 school year as a new student incoming grade 1-8, is **REQUIRED** to schedule an interview for the admissions process.

PARENT INTERVIEW WITH MEMBERS OF THE ADMISSIONS COMMITTEE IS SCHEDULED ON

Interview Date: _____ Time: _____ Grade/Teacher: _____

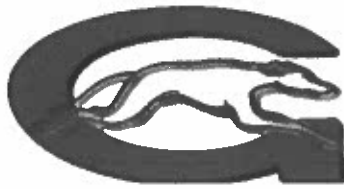
Student Name: _____

Once all steps in the admissions process is complete, a determination on enrollment at Gesu School will be made. Parents will be notified by phone or mail on enrollment. Most decisions will be made once all completed items have been submitted by the deadline on August 1, 2023.

All the above information must be turned in to Gesu School office before consideration begins for enrollment into Gesu School. Any information that is withheld from the school, only to be found out later, could lead to removal of the child from the school. Please do not hesitate to ask to speak to the Principal, Intervention Specialist, or grade level teachers. We want to make the best decision for your child and working together will make this happen.

Parent Signature: _____ Date: _____

Gesu Catholic School: Tuition 2023 – 2024



- **Registration Fee (K – 8)**
 - **Non-Refundable Fee**

	Cost
New Student Enrollment	\$50 per child (\$100 Family)

- **Tuition ----- \$5,500 for the 2023– 2023 School Year**

Scholarships

- **Gesu Parishioner Scholarship:** Please fill out the form to receive the Parishioner Scholarship.
- **Ed-Choice Scholarship:** Please fill out the Scholarship form and attach a current utility bill (& birth certificate for first time applicants). The Scholarship form will be inputted by the school and the state of Ohio will inform you if the Scholarship has been awarded. ** Must be submitted to the school. ** Please note there is a deadline to the scholarship.



2023-2024 GESU STUDENT REGISTRATION FORM K-8

☐ **PLEASE CHECK BOX IF YOU ARE REGISTERING AS A NEW STUDENT**
PREVIOUS SCHOOL INFORMATION IF APPLICABLE

Name of last school attended: _____ Last Day in attendance: _____ Grade: _____

Address: _____ Phone: _____

STUDENT INFORMATION

<u>Full Name of Student</u>	<u>Gender</u> (M/F)	<u>BIRTHDATE</u> MM / DD / YY	<u>BIRTH PLACE</u> City / State	<u>ENTERING GRADE</u> as of Aug. 2023
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1. _____	_____	_____	_____	_____
Last	First	Middle		

RACE: (please circle appropriate group)

Caucasian African American/Black Bi-Racial Hispanic/Latino Native Indian Asian Hawaiian/Pacific Islander

2. _____	_____	_____	_____	_____
Last	First	Middle		

RACE: (please circle appropriate group)

Caucasian African American/Black Bi-Racial Hispanic/Latino Native Indian Asian Hawaiian/Pacific Islander

3. _____	_____	_____	_____	_____
Last	First	Middle		

RACE: (please circle appropriate group)

Caucasian African American/Black Bi-Racial Hispanic/Latino Native Indian Asian Hawaiian/Pacific Islander

4. _____	_____	_____	_____	_____
Last	First	Middle		

RACE: (please circle appropriate group)

Caucasian African American/Black Bi-Racial Hispanic/Latino Native Indian Asian Hawaiian/Pacific Islander

5. _____	_____	_____	_____	_____
Last	First	Middle		

RACE: (please circle appropriate group)

Caucasian African American/Black Bi-Racial Hispanic/Latino Native Indian Asian Hawaiian/Pacific Islander

Statement of non-discrimination: Gesú Catholic School does not discriminate in the enrollment of children upon the basis of race, color, religion, sex, or national origin or disability in violation of the Americans with Disabilities Act. The following responses are optional. This information is collected for in-house use only. All information will be treated as confidential by Gesú Catholic School.

PRIMARY Parent(s)/Guardian Information

MOTHER/GUARDIAN (please circle who your child lives with)

Parent(s) Name: _____

Relationship to child : _____ **Marital Status:** Married / Divorced / Widowed / Single Parent (please circle)

Primary/Home Phone: _____ Alt./cell phone: _____

Home Address: _____
Street City State Zip

E-mail: _____

Employer: _____ Work Phone: _____

Are you a **Registered Member of GESU PARISH:** _____ **Y/N** **RELIGION / FAITH:** _____

Where can you be reached while your child is in school? _____

Please indicate if this name should be released if a parent/guardian of a child attending Gesu School, requests contact information for other parents/guardians.
Yes ___ No ___
If you answered yes, please indicate which number(s) above to include on the list Home # ___ Cell # ___ Work # ___ E-mail ___

SECONDARY Parent(S)/Guardian Information

FATHER/GUARDIAN (please circle who your child lives with)

Parent(s) Name: _____

Relationship to child : _____ **Marital Status:** Married / Divorced / Widowed / Single Parent (please circle)

Primary/Home Phone: _____ Alt./cell phone: _____

Home Address: _____
Street City State Zip

E-mail: _____

Employer: _____ Work Phone: _____

Are you a **Registered Member of GESU PARISH:** _____ **Y/N** **RELIGION / FAITH:** _____

Where can you be reached while your child is in school? _____

Please indicate if this name should be released if a parent/guardian of a child attending Gesu School, requests contact information for other parents/guardians.
Yes ___ No ___
If you answered yes, please indicate which number(s) above to include on the list Home # ___ Cell # ___ Work # ___ E-mail ___

EMERGENCY CONTACTS



Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness **if you cannot be reached**. Any person listed should be able to assist in contacting you. At least one person must be within one hour of the school, able to take responsibility for the child(ren) in case the parent/guardian cannot be contacted.

Name: _____ Relationship to Student: _____

Phone: _____

Name: _____ Relationship to Student: _____

Phone: _____

NON-CUSTODIAL PARENT (if applicable)

Name: _____ Address: _____ Phone: _____

++ Are there any legal restrictions against non-custodial parent regarding these children?

Y /N

PLEASE READ & SIGN



In order to maintain our Catholic Identity, refusal to participate in our religious curriculum may lead to a disciplinary action including dismissal from our school.

SIGNATURE OF RESPONSIBLE PARTY: _____ **DATE:** _____



PLEASE READ

DEADLINE



All forms and fees (Registration Form and Grade Level Fee)

MUST BE PAID AND RETURNED TO THE SCHOOL OFFICE BY: **APRIL 28, 2023** (for current students)

PLEASE REMEMBER YOUR STUDENT IS NOT CONSIDERED REGISTERED AND WILL NOT BE PLACED IN A CLASSROOM UNTIL ALL FEES OR OUTSTANDING BALANCE IS PAID!



SIGNATURE OF RESPONSIBLE PARTY:

DATE: _____

I agree to the terms and conditions set forth in the Gesu School 2023-2024 Tuition Policy.

FOR OFFICE USE ONLY

Type of Payment	Check # / Cash / CC	Amount Paid	Date Received	Balance Still Owed	Recorded by: Staff Initials
Registration Fee					
Ed-Choice / New / Renewal					

STUDENT REGISTRATION/TRANSMITTAL

Student I.D # 900 - _____
Bldg. Name Gesu School Bldg. # 501 Date _____ Entering Grade: _____

STUDENT INFORMATION

Name: _____ Date of Birth: _____ Female/Male
(Last) (First) (Middle)

Address: _____
(Home Address) (City) (State) (Zip)

Phone: _____

PARENT/GUARDIAN INFORMATION

Father's Name: _____

Mother's Name: _____

Student lives with:

1. Parent(s) _____ 2. Mother/Stepfather _____ 3. Father/Stepmother _____ 4. Grandparent _____ 5. Other _____ Relative
6. No Relative _____

Does the student speak English? Y N Does the student speak a language other than English? Y N
What other language? _____

Birthplace: _____

Birth Cert. Registration # _____ Hospital Certificate: _____ Other: _____

Entering From: _____

Has the student ever attended Head Start? Y N If so, What School: _____

GESU CATHOLIC SCHOOL



2045 Parkside Blvd. ♦ Toledo, OH 43607 ♦ (419) 536-5634 ♦ Fax (419) 531-8932

Dear Parents of Kindergarten Students:

The Ohio Department of Health requires all students to have the following information on file in the school office by the first day of school.

- A physical exam signed by a doctor that is less than one year old.
- A dental exam by a dentist.
- All current immunizations from the doctor's office.
- A parent to complete a health history for each child.
- An Emergency Medical Authorization form for each child signed by the parent.

Any child without the above information can be excluded from school.

The above information is needed by the first week of September at the latest.

If you need forms for the above, please ask at the main office or the nurse's office for a copy.

If your child is on medications or has special medical concerns, please call, email, or stop in.

Thank you for your attention to these important matters.

Aaron McMunn, RN
School Nurse

GESU CATHOLIC SCHOOL

2045 Parkside Blvd. ♦ Toledo, OH 43607 ♦ (419) 536-5634 ♦ Fax (419) 531-8932

PHYSICIAN'S REPORT

Child's Name: _____

Age: _____ (years) _____ (months)

Immunizations: Kindergarten: 5 DPT, 4 Polio, 2 MMR, 3 Hepatitis B, 2 Varicella
Preschool: 4 DPT, 3 Polio, 1 MMR and 3 HIB, 3 Hepatitis B, 1 Varicella

DPT	1. _____	2. _____	3. _____	4. _____	5. _____
Polio	1. _____	2. _____	3. _____	4. _____	5. _____
MMR	1. _____	2. _____			
Hep B	1. _____	2. _____	3. _____		
HIB	1. _____	2. _____	3. _____	4. _____	
Varicella	1. _____	2. _____			

Screening Tests:

VISION

Distance Acuity

R. _____

L. _____

Near

_____ Pass

_____ Fail

Acuity

_____ Pass

_____ Fail

Muscle

_____ Pass

_____ Fail

Balance

HEARING (pass/fail)

Pure Tone

R. _____ L. _____

Impedance

R. _____ L. _____

Frequent Ear Infections? _____

Does child have tubes?

Wears glasses?

☐ Yes ☐ No

Right

(Date placed)

Referral made?

☐ Yes ☐ No

Left

(Date placed)

Physical Exam

Essentially normal: _____ Abnormalities as follows: _____

Current Medication: _____

Allergies: (medications, insect stings, food, animals, etc.) _____

Is this child able to participate in all school activities? ☐ Yes ☐ No

If no, please explain: _____

This is to certify that the above named student has been seen in our office and is able to participate in a preschool or kindergarten program.

Physician's Signature: _____ Date of Exam: _____

Physician's Name: _____

Address: _____ (print or stamp)

Phone: () _____

DENTIST'S REPORT

Name: _____ Grade: _____

The following services were performed (Please check)

_____ Exam _____ Fluoride treatment _____ Dental sealants
_____ Diagnosis _____ Radiographs _____ Oral Prophylaxis
_____ Other _____

Dentist Signature: _____ Date of Exam: _____

Dentist's Name: _____

Address: _____ (print or stamp)

Phone: () _____

GESU CATHOLIC SCHOOL

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HEALTH HISTORY

PRESCHOOL / KINDERGARTEN (circle one)

Child's Name: _____ D.O.B. _____

Male ☐ Female ☐

Mother's Name: _____ Father's Name: _____

With whom does the child live: _____ Legal Guardian? Yes ☐ No ☐
Telephone Number: (____) _____

PERINATAL/DEVELOPMENTAL HISTORY

Infant born: Full Term ☐ Premature ☐ Birth Weight: _____

Any illness or problems while in the nursery? _____

Approximate age at which this child:

Walked alone _____
Spoke in Sentences _____

Toilet Trained _____
Dressed Self _____

How does this child's development compare to siblings or playmates?

About the same ☐ Slower ☐ Faster ☐

MEDICAL HISTORY

Health Conditions (i.e. asthma, diabetes) _____

History of Hospitalization _____

Allergies (food/plant/animal/drug) _____

Childhood Diseases (i.e. chicken pox) _____

Medication (taken on a regular basis) _____

Do you have other comments about your child's health, development, behavior, family or home life that you feel the school should be aware of? If so, please explain. _____

Completed by: _____ Date: _____

Relationship: _____

Office of Nonpublic Educational Options Scholarship Programs

Acceptable Forms of Address Proof

Proof of residency is required of all first year and renewal applicants and must be submitted to the provider with the application. Parents/Guardians must document residency by providing the provider with **one (1)** of the following three (3) options. **All documentation must be dated within the 90 days.**

Acceptable Documentation:

Choose only one (1)

1. A current (less than 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill **MUST SHOW MATCHING SERVICE AND MAILING ADDRESS** in the name of the parent/guardian. Post office boxes (except in rural areas where residents only have a PO Box) and cell phone bill have no service address and therefore are not accepted.
2. A monthly mortgage statement (less than 90 days old) **OR** lease/rental agreement (signed by lessee and lessor) **AND** a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc) with parent/guardian's name and address.
3. If the student's parent/guardian has no utilities in his/her name, then the parent/guardian must provide **all three (3)** of the following:
 - a. A **signed and notarized statement** from the person (i.e., third party) with whom the parent/guardian and the student live or from whom they rent that confirms that they reside at the address. This letter must be from the third party, not the parent/guardian **AND**
 - b. A **copy of a current utility bill** in the name of that third party, **AND**
 - c. A **copy of a piece of current business type mail** in the name of the parent/guardian.
 - Business mail would be items such as pay stubs, car notes, car insurance, monthly bank statements, or official documents from a government agency. It must be a business with which the parent/guardian is currently doing regular business.
 - NO credit card solicitations or service set-up work orders. **NOTHING HANDWRITTEN.**

Third party Proof of Residency Examples:

Example 1: Ms. Smith's daughter has a scholarship. She and her daughter reside with her uncle, Mr. Brown. Mr. Brown will need to write or type a statement, and have it notarized, which should include him signing the statement in front of a notary. He will also need to provide a copy of a current utility bill in his name, since he owns or rents the property. Ms. Smith must provide a copy of last month's bank statement. Compiled together, this alternative will suffice as proof of residence for the student regarding the current school year. She must do this annually. If she should move and obtain utilities in her name, then this alternative method is no longer her option, and she must comply with the required utility bill requirement instead.

Example 2: Mr. Johnson's son has a scholarship. Mr. Johnson and his son live in an apartment. All the utilities are included in the price of the rent, so Mr. Johnson does not receive any utility bills in his name. Mr. Johnson will need to obtain a notarized letter from the rental office confirming that he and his son live in the apartment. Mr. Johnson will also need to provide another form of address proof, such as a current pay stub or bank statement.

Unacceptable proof of address includes cell phone bills, tax forms, junk mail, driver's licenses, and any document more than 90 days old.

Parents/guardians **must** keep the provider informed of any address changes that occur and submit the required documentation to ensure continued program eligibility.

Example of most current utility bill that shows your address twice.

EDCHOICE SCHOLARSHIP PROGRAM 2023-2024 REQUEST FORM

STUDENT INFORMATION	***Student data MUST match the Birth Certificate***		
	NAME: _____ (First) (Middle) (Last)		
	DATE OF BIRTH: _____	LAST FOUR DIGITS OF SSN: _____	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
	MOTHER'S MAIDEN LAST NAME: _____ NATIVE LANGUAGE: _____ ETHNICITY: _____		
	CITY OF BIRTH: _____ GRADE LEVEL FOR 2022-2023: _____ GRADE LEVEL FOR 2023-2024: _____		
	IS THE STUDENT AN INCOMING KINDERGARTENER? <input type="checkbox"/> YES <input type="checkbox"/> NO HAS THE STUDENT EVER ATTENDED ANY OHIO PUBLIC SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE?: (ANSWER BELOW) IS THE STUDENT AN INCOMING HIGH SCHOOLER? <input type="checkbox"/> YES <input type="checkbox"/> NO DISTRICT: _____ BUILDING: _____ YEAR: _____		
PARENT/GUARDIAN SIGNING SCHOLARSHIP CHECKS			
I AM THE (CHECK ONE) <input type="checkbox"/> Natural Parent <input type="checkbox"/> Residential Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Student who is at least eighteen years of age <input type="checkbox"/> Legal Guardian of student applying for scholarship funds (court documents or Affidavit of Eligibility required)			
PRIMARY PARENT/GUARDIAN	NAME: _____ (First) (Middle) (Last)		
	DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____		
	PHYSICAL ADDRESS: _____		
	CITY: _____	STATE: _____	ZIP CODE: _____ COUNTY: _____
	PHONE NUMBER: _____ EMAIL ADDRESS: _____		
	RELATIONSHIP TO STUDENT: _____		
SECONDARY PARENT/GUARDIAN	NAME: _____ (First) (Middle) (Last)		
	DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____		
	PHYSICAL ADDRESS: _____		
	CITY: _____	STATE: _____	ZIP CODE: _____ COUNTY: _____
	PHONE NUMBER: _____ EMAIL ADDRESS: _____		
	RELATIONSHIP TO STUDENT: _____		
SCHOOL INFORMATION	***Information MUST be completed to determine eligibility.***		
	My student is currently (Check only <u>one</u> box):		
	<input type="checkbox"/> Attending a public school	<input type="checkbox"/> Attending a charter/community school	
	<input type="checkbox"/> Attending a private school	<input type="checkbox"/> Homeschooled (Never attended an Ohio school)	
	<input type="checkbox"/> New to Ohio	<input type="checkbox"/> Attending Pre-school	
	<input type="checkbox"/> Other: _____		
Name of School the student is currently attending: _____			
Name of public school district you live in: _____			
Name of public school building the student would be assigned to for the 2023-2024 school year: _____			

Return to the private school with student's birth certificate AND a current utility bill showing matching service and mailing addresses.

EDCHOICE SCHOLARSHIP PROGRAM 2023-2024 REQUEST FORM*****ATTENTION:** Income verification is required for:

- 1.) New Expansion Scholarship applicants who are eligible based on the household income criteria, and
- 2.) All Scholarship applicants who want to be considered for low-income status.

INCOME*****Check below to indicate your intent to complete the income verification process.*****

☐ **Yes**, I believe that I qualify for low-income status. To complete the Income Verification process, parents may submit online using the [secure Income Verification system](#) or [click here](#) to complete and mail the paper form. Emailing documents is **NOT** permitted.

☐ **No**, I am not interested in applying for low-income status. I either: 1) do not qualify for low-income status; or 2) do not want my income verified by the program.

**ADDRESS
VERIFICATION*******Proof of residency is required of all first year and renewal applicants and must be submitted to the school with the application.*****

Parents/Guardians must document residency by providing the school with a current (less than 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill **MUST SHOW MATCHING SERVICE AND MAILING ADDRESS** in the name of the parent/guardian. Post office boxes (except in rural areas where residents only have a PO Box) and cell phone bills have no service address and therefore are not accepted.

Other Acceptable Documents: A monthly mortgage statement (less than 90 days old) **OR** lease/rental agreement (signed by lessee and lessor) **AND** a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc) with parent/guardian's name and address.

*****Additional information can be found on the [scholarship webpage](#).*****

2023-2024 EDCHOICE PARENT AGREEMENT

I _____ AGREE TO THE FOLLOWING:

(Parent Name)

- The information provided in this application is true and correct.
- I have supplied the chartered nonpublic school with a certified copy of the student's birth certificate, copies of all custody/guardianship documentation for the student, and proof of my address.
- I have submitted only one EdChoice application for this student.
- The scholarship amount shall only be applied to the tuition of the enrolling school, and I may be required to pay other fees and costs as prescribed by the policies of the school.
- I will sign all scholarship checks received by the private school for my student in a timely manner. I understand that if I fail to endorse the scholarship checks to the school, I will be responsible for paying the student's tuition.
- If I transfer my scholarship to another participating chartered nonpublic school, I will notify the school of my intent to withdraw and I will return to the original school to sign any remaining checks.
- I will apply for any and all financial aid or tuition discounts and adjustments made regularly available to the students attending the school in which the student is accepted for enrollment.
- I will abide by the Ohio Department of Education (ODE) dispute resolution process outlined in Ohio Administrative Code Section 3301-11-14.
- If I am not a low-income parent or did not complete the income verification process, I will be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school.
- I must inform ODE and the chartered nonpublic school of any change in the student's residential address or custody status.
- I will not be able to renew my child's scholarship if: 1) my family moves to another public school district unless my child would be assigned to an EdChoice designated public school in the new district (applicable only to students who were initially awarded a scholarship based on an EdChoice designated building); 2) my child does not complete all required assessments; 3) my child has more than 20 unexcused absences for the school year; or 4) I fail to complete the renewal process. If my child received an EdChoice Expansion scholarship, I must maintain Ohio residency.
- I have received and understand the policy handbook of the chartered nonpublic school and will abide by its provisions.
- I understand that if my child's scholarship has been awarded in error, it will be terminated immediately, and I would then be responsible for paying the tuition if I decide to keep my child at the private school.

I designate _____ to submit an application on my behalf for the Scholarship Program
(Name of Private School)

through the Ohio Department of Education's electronic application system. BY SIGNING BELOW, I AGREE TO THE ABOVE STATEMENTS.

Signature of Parent/Legal Guardian signing the tuition check

Date Signed

Return to the private school with **student's birth certificate AND a current utility bill** showing matching service and mailing addresses.