



**Westwood Preparatory Academy**  
**2019-2020**  
**Enrollment Application**

**Enrollment Protocol Letter**

Dear Parent/Guardian,

Enclosed you'll find the enrollment packet for Westwood Preparatory Academy, the on-site educational provider.

The following paperwork must be received in order to enroll your child into our District:

1. Completed Enrollment Packet (enclosed)
2. Proof of Residency (within last 30 days) OR Court Documentation indicating the School District responsible for educational costs, and
3. Copy of Birth Certificate

We realize that not all of this information may be readily available but ask that you please send it along as you obtain it in order to expedite the enrollment process allowing us to provide the necessary education for your child.

If the school fails to receive the required documentation by the 14<sup>th</sup> day of attendance, an official written notice will be sent to the assigned facility personnel AND the legal guardian. In the event that the documentation has not been received by the 30<sup>th</sup> day of attendance it is at the districts discretion to make one final attempt through Certified mail to avoid a lapse in school records.

It is important these forms are returned as soon as possible. Any questions regarding this policy can be directed to the Educational Director at your facility.

Thank you in advance for your timely response.

Sincerely,



**Westwood Preparatory Academy**

**JENNIFER SAMPLES, DIRECTOR**

**LUMIN ACADEMY / WESTWOOD PREPARATORY ACADEMY**

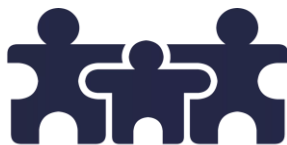
Pomegranate Health Systems

765 Pierce Dr. Columbus, Ohio 43223

C: 614.747.3428 | O: 614.223.1650 ext. 309

[jennifer.samples@luminacademy.com](mailto:jennifer.samples@luminacademy.com)





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I agree my child may be physically released only to the following person(s). These person(s) may also be called in the event of an emergency. Proof of identification, in the form of picture ID is required when picking up the child(ren). Changes of any release/contact sections must be received in written form.

Name	Relationship to Student	Primary Contact #	Address

**Students Previous Education:**

\*Does the student have a current or active Individual Education Plan (I.E.P.)?  Yes  No  Unknown

\*Did the student ever have an I.E.P.?  Yes; What School Year? \_\_\_\_\_  No  
*(Please provide a copy of the IEP and Evaluation)*

Does the student have a current or active 504 Plan?  Yes; *(Please provide a copy)*  No

Public School District of Residence: \_\_\_\_\_

Name of Last School Attended: \_\_\_\_\_ Grade at time of Attendance: \_\_\_\_\_

Previous School Address/Location: \_\_\_\_\_ Phone #: \_\_\_\_\_

How long did student attend previous school district? \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Has the student officially been withdrawn from the previous school?  Yes  No

Did the student attend Pre-School?  Yes; How long? \_\_\_\_\_  No

List any additional information that would be helpful to the school: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Additional Children under 18 living in the home:</b>		
<b><u>Name</u></b>	<b><u>Age</u></b>	<b><u>School Attending</u></b>

This form constitutes as a withdrawal from: \_\_\_\_\_ Date: \_\_\_\_\_

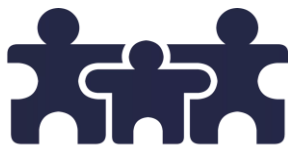
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing below I agree that my child will abide by and support the Academy rules and regulations. I further confirm that the information provided in this document is true and correct. I am the legal guardian or custodian of the above student.

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

If required, translation services were provided by: \_\_\_\_\_  
*(Signature)* *(Date)*





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**School Choice**

In the state of Ohio, School Choice must be offered to all students. Students may choose to remain in their current school district, enroll in the local district, or enroll in a community school. Lumin Academy’s Westwood Preparatory Academy has partnered with the residential facility to provide on-site educational services.

\*Parent/Guardian, please complete by indicating your preference **selecting ONLY ONE (1)** of the options below.

**Westwood Preparatory Academy (on-site):**

A community school and the educational service provider for the residential facility, students will receive on-site educational services which are appropriate for their grade and ability levels.

\_\_\_\_\_ I wish to enroll my child in Westwood Preparatory Academy. \_\_\_\_\_ Initials

**District of Residence:**

Student may opt to stay enrolled in their home school district.

\_\_\_\_\_ I wish to keep my child enrolled in his/her home district. \_\_\_\_\_ Initials

**Local Public School District:**

Student may opt to enroll in the local traditional public school district.

\_\_\_\_\_ I wish to enroll my child in the local public school district in which the facility is located. \_\_\_\_\_ Initials

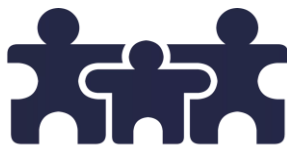
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As the authority legally permitted to enroll the child listed below, the undersigned attests that School Choice has been offered and you have chosen to enroll in the selected district above.

Student’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_



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**Authorization to Disclose Information**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The following program is authorized to disclose, receive or exchange information as noted below. Program authorized to make disclosures: Lumin Academy/Westwood Preparatory Academy.  
Authorized individuals/organization to whom disclosure is made:

*\*(Please check all that apply)*

	Hittle House		Sequel - Pomegranate Health Systems
	Maryhaven		Village Network - Columbus
	NECCO Center		
	New Beginnings		

The purpose of disclosure is for the coordination of educational needs while in placement. The type of information that can be shared includes:

- Permanent/Cumulative Academic Records
- Academic Progress Reports and Behavioral Reports
- All Special Education/504 Records
- Psychological, Clinical or Counseling Reports
- Health/Immunization Records
- Birth Certificate
- Legal/Court Documentation

Student Signature (If over 18): \_\_\_\_\_ Date: \_\_\_\_\_

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

Witness/Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Revocation: This authorization is subject to written revocation at any time, except to the extent the program or person who is to make the disclosure has already acted in reliance on it.

**I hereby revoke my consent in writing:** \_\_\_\_\_ Date: \_\_\_\_\_  
*(Student/Parent/Guardian Signature)*

Witness/Staff: \_\_\_\_\_ Date: \_\_\_\_\_





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**Part 6. 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.

<u>Choose one ethnicity:</u> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<u>Choose one or more (regardless of ethnicity):</u> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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**Do not complete this section. Intended for school use only.**

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

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

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

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

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

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

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

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

	Income Eligibility Guidelines			
	Household Size	Yearly	Monthly	Weekly
Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart:	1	\$23,107	\$1,926	\$445
	2	\$31,284	\$2,607	\$602
	3	\$39,461	\$3,289	\$759
	4	\$47,638	\$3,970	\$917
	5	\$55,815	\$4,652	\$1,074
	6	\$63,992	\$5,333	\$1,231
	7	\$72,169	\$6,015	\$1,388
	8	\$80,346	\$6,696	\$1,546
	Each Additional Person	\$8,177	\$682	\$158

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

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

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

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by 1.) mail: U.S. Department of Agriculture, Office of Assistant Secretary for Civil Rights, 1400 Independence Ave. SW Washington, D.C. 20250-9410, 2.) fax: (202)690-7447 or, 3.) Email: <program.intake@usda.gov>. This institution is an equal opportunity provider.





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**Important Dates**

To: Parent(s) & Legal Guardian(s),

Welcome to Westwood Preparatory Academy! This letter is to provide you with some important dates for your child’s success at Westwood. We urge you to keep in contact with your site Director about your child’s transition to reduce time lost in the classroom and missed testing periods. Below is a statement of compulsory attendance and testing dates for this fiscal year.

Westwood Preparatory Academy is a community school established under Chapter 3314, of the Revised Code. The school is a public school and students enrolled in and attending the school are required to take proficiency tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law. Students who have been excused from the compulsory attendance law for the purpose of home education as defined by the Administrative Code shall no longer be excused for that purpose upon their enrollment in a community school. For more information about this matter contact the school administration or the Ohio Department of Education. Effective: 09-26-2003

<b>KRA – Kindergarten</b> 9/3/2019 – 9/30/2019	<b>OGT Testing</b> 10/21/2019 – 8/31/2019 3/9/2020 – 3/20/2020
<b>3<sup>rd</sup> Grade Reading Guarantee</b> 10/21/2019 – 11/1/2019	<b>Performance Based Assessments</b> Fall Make Ups: 12/2/2019 – 1/10/2020 End of Course (ELA’s): 3/23/2020 – 4/24/2020 End of Course (Math/Science/Social Studies): 3/30/2020 – 5/8/2020
<b>K-3 Diagnostic Testing</b> K: 9/3/2019 – 9/30/2019 1: 9/3/2019 – 9/30/2019 2: 9/3/2019 – 9/30/2019 3: 9/3/2019 – 9/30/2019	<b>Alternative Assessments</b> 2/18/2020 – 4/10/2020
<b>MAP Testing / Norming Periods</b> Fall: 8/26/2019 – 11/30/2019 Winter: 12/2/2019 – 2/28/2020 Spring: 3/2/2020 – 5/29/2020	

**Student Success Plan**

Students in grades 6-12 will participate in Career Advising, in accordance to our districts Career Advising Policy. Students will work with a member of our educational team to develop a Student Success Plan that will address both the student’s academic and career pathway to a successful graduation. Each student’s Student Success Plan will be reviewed at least once annually. Parents, guardians and custodians are invited to participate in the plan development; if you do not participate in the development of the Student Success Plan a copy of the plan can be provided to you.

For more information about our policies and programs please visit us online at: <http://westwoodprepacademy.com/> or email us at: [info@westwoodprepacademy.com](mailto:info@westwoodprepacademy.com)

Sincerely,  
Your Westwood Preparatory Team



## Westwood Preparatory Academy

2019-2020

### Enrollment Application

#### Hearing & Vision Screening

The Children's Hearing and Vision program sets the screening requirements and guidelines for school-based preschool and K-12 schools. The Ohio Department of Health (ODH) sets the requirements for what grades are routinely screened each year; what equipment is acceptable to use; what specific hearing and vision tests are needed to perform the screenings; and the referral criteria. Schools providing medical services are required to screen school-aged students for hearing and vision.

During the month of September we will be assessing student(s) in the following grades for hearing and vision:

- Kindergarten
- First Grade
- Third Grade
- Fifth Grade
- Ninth Grade
- Eleventh Grade

In addition, the following students will be screened annually or upon occurrence:

- Students new to a school (and not tested within the past 12 months)
- Students referred by a teacher or other school personnel
- Students who were referred within the past year with no documented follow-up, regardless of grade
- Students absent during the previous hearing screening
- Students at risk for noise exposure (e.g., band, vocational education, industrial education, automotive mechanics)
- Students who request a hearing screening
- Students whose parent/caregiver request a hearing screening

Children who do not pass school hearing and vision screenings will be referred for follow-up care. ODH stresses that hearing and vision screening, while a valuable public health procedure, is not a substitute for a professional examination.

The Children's Hearing and Vision program is a program of early detection, diagnosis and treatment of children with hearing and vision problems. In addition to providing school-screening standards, the program conducts a statewide survey of hearing and vision screening programs and provides training for people who do screenings. If you have questions about the requirement please contact the Ohio Department of Health at the address or phone listed at the bottom of this letter.

**Mailing Address:**

Ohio Department of Health Hearing Screening Assistance: \_\_\_\_\_(614) 466-1995  
Children's Hearing and Vision Program Vision Screening Assistance: \_\_\_\_\_(614) 644-0139  
246 N. High Street, 6th Floor  
Columbus, OH 43215

**Contact Information:**

Fax: (614) 728-6793