EDUCATIONAL SOLUTIONS COMPANY

2026-2027 School Year

Dear Parent/Guardian,

Thank you for your expressed interest in ***Educational Solutions Company***, where "***WE ARE MAKING A WORLD OF DIFFERENCE***". You will find enclosed our enrollment packet. If you have any questions, please feel free to contact the office, Monday through Friday between 7:30 a.m. – 4:30 p.m. For a tour of our facilities, you may stop by the school at any time during the following hours: Elementary Schools 8:00 a.m. – 3:30 p.m.; Middle Schools 7:30 a.m. – 3:00 p.m. and High School 7:00 a.m. – 2:30 p.m. For more information visit us at www.edsolns.com.

When turning in your child(ren) Enrollment Application please be sure to submit the required documentation below:

- ☐ **COPY OF YOUR CHILD(REN) BIRTH CERTIFICATE**
- ☐ **PROOF OF ADDRESS – *MUST BE CURRENT* (LEASE OR RENT RECEIPT, ELECTRIC OR GAS BILL ONLY)**
- ☐ **COPY OF YOUR CHILD(REN) SOCIAL SECURITY CARD**
- ☐ **COPY OF YOUR CHILD(REN) MOST RECENT SHOT RECORD**

Our mission:

To provide a private school education in a private school environment at ***no cost*** to you. Intimately working with all parents, family, and friends: to achieve the greatest level of success for each student.

Educational Academy for Boys and Girls

Cesar Chavez College Preparatory School

Midnimo Cross Cultural Middle School

Unity Academy High School

EDUCATIONAL SOLUTIONS FAMILY OF SCHOOLS ENROLLMENT FORM

FOR PRINCIPAL USE ONLY:
Approval Signature:

_____

Please indicate which School you are Enrolling your child for the 2026-2027 School Year:

☐ ***Cesar Chavez College Preparatory School***
Grades K-5
Phone: 614-294-3020
Fax: 614-299-3680
8:00 AM - 3:30 PM

☐ ***Educational Academy for Boys & Girls***
Grades K-5
Phone: 614-351-9397
Fax: 614-351-8680
8:00 AM – 3:30- PM

☐ ***Midnimo Cross-Cultural Middle School***
Grades 6-8
Phone: 614-261-7480
Fax: 614-261-7481
7:30 AM – 3:00 PM

☐ ***Unity Academy High School***
Grades 9-12
Phone 614-299-1007
Fax 614-299-3684
7:00 AM – 2:30 PM

PLEASE PRINT

Student's Legal Last Name _____ Student's Legal First Name _____

Student's Middle Name _____ Circle, if applicable: Jr. II III IV

Gender (Circle) Male Female Student's Birth Date ----------_____(mm-dd-yyyy)

Proof of age: (Circle appropriate) Birth Certificate other _____

Social Security No.: ---------- _____

Ethnicity (Circle Appropriate)

American Indian/Alaskan Native Asian/Pacific Islander Black/African-American(Non-Hispanic)

Hispanic Multiracial White (Non-Hispanic) Somali Other _____(Be Specific)

Student's Address _____ Apt. #_____

City _____ Zip Code _____

Proof of Address type (Circle Appropriate) Landlords Statement Lease Utility Bill Other _____

Phone #: _____ Cell #: _____

Email: _____

HAS YOUR STUDENT EVER ATTENDED A PUBLIC SCHOOL? _____Yes _____No

Name of School Attended _____ School District _____

Date attended _____ Grade _____

Based on your **home address** what school ***would*** your child attend _____

Does your child qualify for Special Needs Services? (I.E.P, Special Education) Yes ___ No ___

If yes, what type? _____

For Office Use Only:

Application checked for completeness (both sides) _____ Date Application Completed: _____

1st Day in School: _____ Date Application Approved: _____ Grade Placement: _____

Waitlisted Date: _____ Time Waitlisted: _____ EMIS completed: _____

S/S:_____ POR: _____ S/R:_____ B/C: _____

Has you child been suspended or expelled from another school district Yes _____ No _____

*If Yes, when?*_____

Parent/Guardian Information
(If both parents have custody and/or live with this student, please fill out information for both parents.)

Who has custody of this student? (Circle one)
Both Parents Mother Only Father Only Guardian Other _____

With whom does the student live? (Circle one)
Both Parents Mother Only Father Only Guardian Other _____

Please print 1st Parent/Guardian Information

Last Name _____

First Name _____

Address _____

City _____ Zip _____

Language spoken at home _____

Does this parent/guardian speak English? Yes No
Are you willing to volunteer at the school? Yes No
Military? Yes No

Employer _____

Business phone # _____ ext ____

Available at work? Yes No

Home phone # _____

Cell phone # _____

Email address _____

Please print 2nd Parent/Guardian Information

Last Name _____

First Name _____

Address _____

City _____ Zip _____

Language spoken at home _____

Does this parent/guardian speak English? Yes No
Are you willing to volunteer at the school? Yes No
Military? Yes No

Employer _____

Business phone # _____ ext _

Available at work? Yes No

Home phone # _____

Cell phone # _____

Email address _____

EMERGENCY CONTACT INFORMATION (Other than the parent/guardian)

1st person to be contacted in an emergency

Last Name _____

First Name _____

Business phone # _____ ext ____

Home phone # _____

Cell phone # _____

2nd person to be contacted in an emergency

Last Name _____

First Name _____

Business phone # _____ ext ____

Home phone # _____

Cell phone # _____

How did you hear about Ed. Solutions (Circle Appropriate) Radio TV Friend Newspaper Employee Billboard Other _____

EDUCATIONAL SOLUTIONS FAMILY OF SCHOOLS
EMERGENCY INFORMATION FORM

STUDENTS NAME _____ INSURANCE/MEDICAID NUMBER _____

ADDRESS _____ SOCIAL SECURITY NUMBER _____

TELEPHONE NUMBER _____ SCHOOL ATTENDED _____

The following is required by Section 3313.712 of the Ohio Revised Code.

EMERGENCY MEDICAL AUTHORIZATION

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.

PART I OR PART II MUST BE COMPLETED
ALL BLANKS MUST BE COMPLETED

PART I (TO GRANT CONSENT)

In the event reasonable attempts to contact me at _____(phone) or _____(other parent) at _____(phone) have been unsuccessful, I HEREBY GIVE MY CONSENT for (1) the administration of any treatment deemed necessary by (preferred physician) Dr. _____at _____(phone) or (preferred dentist) Dr. _____at _____(phone), or in the event the DESIGNATED preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____(preferred hospital) or any hospital reasonably 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 before surgery is performed.

FACTS CONCERNING THE CHILD'S MEDICAL HISTORY INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN, AND ANY OTHER PHYSICAL IMPAIRMENTS to which a physician should be alerted:

_____

_____

_____ _____
Date Signature of Parent or Guardian

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II (REFUSAL TO GRANT CONSENT)

I do **NOT** give my 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 NO ACTION OR TO:

_____

_____ _____
Date Signature of parent or guardian

Child's Name _____ Birth Date _____
Last First MI

Child's Spoken Language: _____

Child lives with: (circle) MOTHER, FATHER, FOSTER-PARENT, GUARDIAN

Parent's Last Name _____ First Name _____

Address _____ Apt. _____ Zip _____

Telephone Number _____ Alternate Number _____

Employer Name _____

Primary Care Physician: _____

Physician Phone #: _____

DURING SCHOOL HOURS
When parents cannot be located in case of emergency, please call:

1. _____
Name **Address** **Telephone Number**

2. _____
Name **Address** **Telephone Number**

MEDIA INTERVIEWS & PHOTO RELEASE

From time to time outside agencies (local radio or television stations, newspaper or community/state agencies) highlight exemplary programs in our area. This often involves video taping or taking pictures of students in the classroom setting and/or asking students for their opinions or questions about their educational experiences.

While realizing that the public has a right and a responsibility for access to information about the activities in our school; the EDUCATIONAL SOLUTIONS COMPANY is very selective in granting such access to the classroom. Please indicate your feeling regarding your child's involvement in media events by signing one of the following statements.

AUTHORIZATION----- MEDIA & PHOTO RELEASE

I, the parent/guardian of _____ **DO** give my permission for my child to participate in approved media interviews/video tapes/photographs and release the school and said agency from all claims based upon this activity.

SIGNATURE _____ **Date:** _____

I, the parent/guardian of _____ **DO NOT** give my permission for my child to participate in approved media interviews/video tapes/photographs.

SIGNATURE _____ **Date:** _____

RECORDS REQUEST

For Information Purposes Only:

According to the Final Regulations – Family Education Rights & Privacy Act (Buckley Amendment) dated June 17, 1976; it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other school systems in which the student may intend to enroll, may receive a student's records **WITHOUT** written consent for such release.

Please indicate which School your child is enrolled:

Check Mark_____Cesar Chavez College Preparatory School Grades K-5
Check Mark_____Educational Academy for Boys & Girls Grades K-5
Check Mark_____Midnimo Cross-Cultural Middle School Grades 6-8
Check Mark_____Unity Academy High School Grades 9-12

HOUSEHOLD INFORMATION SURVEY

We will participate in the Community Eligibility Provision (CEP) under the National School Lunch Program (NSLP). Under this option, all children in the school receive a breakfast/lunch at no charge regardless if they complete this form. However, to determine eligibility for various additional state and federal program benefits that your child's school may qualify for, please complete, sign and return this application to your school building if your income falls within or below the guidelines listed in the following chart.

INCOME GUIDELINES – 185%
Guidelines to be effective from July 1, 2024 through June 30, 2025

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	$27,861	$2,322	$1,161	$1,072	$536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2.603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3.369	1,685
8	97,532	8,128	4,064	3,752	1,876
Each additional member add	+9,953	+830	+415	+383	+192

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps) or Ohio Works First (OWF) benefits, provide the name and 7 -digit case number for the person who receives the benefits then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name:_____ 7-digit Case Number: _____

INSTRUCTIONS: Complete this survey and return to your child's school.
The following selections must be completed by the Head of Household or Designee:

1. **SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children:

2. **STUDENT INFORMATION** - Complete for each student Pre-K through grade 12.

Last Name	First Name	Birth Date MM-DD-YY	School	Identify: H = Homeless M = Migrant R = Runaway F = Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

For additional lines, please attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2.

3. **TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding foster children. If you have reported a case number above, please do not complete this section. Proceed to section 4.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	$	None
2. Monthly Welfare Payments, Child Support, Alimony	$	None
3. Monthly Payments from Pensions, Retirement, Social Security	$	None
4. Monthly Dividends or Interest on Savings	$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	$	None
Total Monthly Household Income (Add lines 1-6)	$	

4. **SIGNATURE** - If income section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the "I do not have a Social Security number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X_____ Print Name:_____
Date_____

Last Four (4) Digits of Social Security Number: XXX-XX-_____ ☐ I do not have a Social Security Number

Address City Zip Code

Home Phone	Work Phone	Email Address
		By providing your email address, you may be contact via email by the district.

For Internal Office Use Only:
Please circle one option.

QUALIFIES DOES NOT QUALIFY

Language Usage Survey

Parents and Guardians: Ohio schools, in accordance with The Every Student Succeeds Act, request all families complete a language usage survey when they enroll their student in school. This information will help school staff understand your child's language background and your family's preferred language communications to best support your child's learning. The information is not used to identify immigration status.

Student name *(First and Last):*

Student date of birth *(mm/dd/yyyy):*

Communication Preferences *Indicate your language preference so an interpreter or translations may be provided at no cost.*	1. In what language(s) would your family prefer to communicate with the school?
Language Background *Information about your child's language background is needed to identify whether students are screened for English learner status.*	2. What language did your child learn first? 3. What language does your child use the most? 4. What languages are used in your home?
Prior Education. *Responses about your child's birth country and previous education provide information about the knowledge and skills your child is bringing to school.*	5. In what country was your child born? 6. Has your child ever studied or received formal education outside of the United States? ☐ Yes ☐ No a. If yes, how many years/months? b. If yes, what was the language of instruction? 7. Has your child attended school in the United States? ☐ Yes ☐ No a. If yes, when did your child first attend school in the United States? *(mm/dd/yyyy):*
Additional Information. *Share any information to better understand your child's language experiences and background.*	
Parent/Guardian name (*First and Last):* Parent/Guardian Signature:	Today's Date: *(mm/dd/yyyy):*

Ohio | Department of Education

(Appendix A, continued)

COMPLETED BY SCHOOL EMPLOYEE

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

   - ☐ The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
   - ☐ The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
   - ☐ The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
   - ☐ For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
   - ☐ Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the Language Usage Survey Annotations on page 2 for item-specific guidance.

Student's native language See Language Usage Survey Question 2. Report for all students in EMIS.	_____
Student's home language See Language Usage Survey Question 3. Report only for English learners in EMIS.	_____
Potential English learner See Language Usage Survey Questions 2-4.	☐ Yes. Assess the student's English proficiency. ☐ No. Do not assess the student's English proficiency.
Immigrant student status See Language Usage Survey Questions 5-7. Report for all students in EMIS.	☐ Yes, the student is an immigrant child. ☐ No, the student is not an immigrant child.

4. **Validate.** Complete the information below.

_____ Signature of validating school employee

_____ Date (mm/dd/yyyy)

_____ Printed name of validating school employee

_____ Name of school or school district

Educational Solutions
Making a World of Difference

2740 Airport Dr Suite 300
Columbus, OH 43219

Cesar Chavez
College Preparatory School

2400 Mock Rd
Columbus, OH 43219

☐

Educational Academy
for Boys and Girls

35 Midland Ave
Columbus, OH 43223

☐

Midnimo
Cross Cultural Middle School

2092 Century Dr
Columbus, OH 43219

☐

Unity Academy
High School

2231 Schrock Road
Columbus, OH 43229

☐

Educational Solutions Co.
Cell Phone Policy

To support a school environment in which students can fully engage with their classmates, their teachers, and instruction, the use of cell phones by students during school hours should be as limited as possible.

It is the policy of the Board unless subject to an applicable exception defined herein, Students are prohibited from carrying a cell phone in any school building or on any school grounds, buses/vans or premises at all times. Cell phones must be locked in identified location (cell phone lockers, student lockers) as determined by the school administration

Nothing in this policy prohibits a student from using a cell phone for a purpose documented in the student's individualized education program or Section 504 plan.

In the case of an emergency or for other necessary purposes, cellular telephones may be used at the discretion of School administration.

Additionally, a student may use a cell phone to monitor or address a health concern.
Students determined to be in violation of this policy may be subject to discipline consistent with the Student Code of Conduct.

My signature attests that I have read the above Cell Phone Policy and I agree to abide by it.

_____ _____

Signature of Parent/Guardian Date

_____

Student Signature

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2740 Airport Dr Suite 300
Columbus, OH 43219

Cesar Chavez
College Preparatory School

2400 Mock Rd
Columbus, OH 43219

☐

Educational Academy
for Boys and Girls

35 Midland Ave
Columbus, OH 43223

☐

Midnimo
Cross Cultural Middle School

2092 Century Dr
Columbus, OH 43219

☐

Unity Academy
High School

2231 Schrock Road
Columbus, OH 43229

☐

Educational Solutions Co.
Transportation Request Form 2026-2027

☐ **New Request** ☐ **Re-Enrollment** ☐ **Change of Address**

School: _____

Student Name: _____
Last Name

Birth Date: _____ **Gender:** F M **Grade:** _____
MM/DD/YYYY

Address: _____

_____

1st Parent/Guardian Information: _____

Phone Number: _____ Cell Phone: _____

Relationship: _____ Email: _____

2nd Parent/Guardian Information: _____

Phone Number: _____ Cell Phone _____

Relationship: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Cell Phone _____

Signature: _____ **Date:** _____

Instructions: Please complete all required fields and submit this form at least 48 hours prior to the requested transportation date.
Notice: Adding a bus/van or making a change of address may take 5–7 business days.In accordance with the school transportation policy, bus service is available only to students whose residence is located at least half (1/2) mile from the school. The distance will be verified using the student's registered address.

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Educational Solutions	Cesar Chavez College Preparatory School	Educational Academy for Boys and Girls	Midnimo Cross Cultural Middle School	Unity Academy High School
2740 Airport Dr Suite 300 Columbus, OH 43219	2400 Mock Rd Columbus, OH 43219	35 Midland Ave Columbus, OH 43223	2092 Century Dr Columbus, OH 43219	2231 Schrock Road Columbus, OH 43229
☐	☐	☐	☐	☐

Educational Solutions Co.

STUDENT/PARENT/GUARDIAN: TECHNOLOGY USAGE AGREEMENT FORM

In this agreement, "you" and "your" refers to the parent/guardian and the student enrolled in the Educational Solutions Co. [ESD]. The "equipment" is any combination of equipment checked below. This sheet acknowledges that parents/guardians accept responsibility for the student usage of the chromebook during the school day. Chromebooks are not taken out of the school building.

Terms of Agreement

- You and your student will comply with the Acceptable Use Policy and Internet Safety Agreement [Board policy 242]. Violations of the policy will result in revocation of network access privileges, suspension of access to EDS electronic resources, other school disciplinary action, and/or other appropriate legal or criminal action including restitution.

- You must report any lost, stolen, or damaged equipment to the school immediately. For stolen equipment, a police report is required. If the equipment is not returned or return damaged, either intentionally or due to negligence, the student will be subject to discipline and the adult will be responsible for the cost of repair or replacement [Board policy 242].

- Students, Parents and/or Guardians will be held financially accountable for lost, stolen, or damaged devices. Financial obligations will not exceed the District's cost to repair or replace the technology.

Breakdown of Cost for replacements:
Total Loss: **$299**
Replacement of Keyboard: **$50**
Replacement of Screen: **$50**

- Students, Parents and/or Guardians must accept the responsibility for the condition of their device.

- Students, Parents and/or Guardians are not permitted to logon to the device with credentials other than the district provided username and password.

Educational Solutions	Cesar Chavez College Preparatory School	Educational Academy for Boys and Girls	Midnimo Cross Cultural Middle School	Unity Academy High School
2740 Airport Dr Suite 300 Columbus, OH 43219	2400 Mock Rd Columbus, OH 43219	35 Midland Ave Columbus, OH 43223	2092 Century Dr Columbus, OH 43219	2231 Schrock Road Columbus, OH 43229
☐	☐	☐	☐	☐

- Only EDS students may use the issued Chromebook.
- Students may not alter any software configurations or settings.
- Students are expected to keep the unit in the classroom cart when not at school.
- If the device is returned, damaged or broken, the student may not be able to check out another technology device until all obligations are met and parent/guardians have signed an additional agreement form.
- The devices remain the property of Educational Solutions Co (EDS). Activity is logged and monitored as required by CIPA.

I hereby agree to the terms, conditions and fine schedule listed above, and give my student permission to use the technology materials in the classroom

Student Name: _____
Last Name First Name

Grade_____ **Homeroom Teacher** _____

Parent / Guardian Name: _____
Last Name First Name

Parent / Guardian Signature: _____ DATE_____

Teacher Name: _____
Last Name First Name

Teacher Signature:_____ Date_____

This institution is an equal opportunity provider and employer. Discrimination is prohibited on the basis of race, color, national origin, sex, gender identity, sexual orientation, age, disability, religion, or political beliefs.Esta institución es un proveedor y empleador que ofrece igualdad de oportunidades. Se prohíbe la discriminación por motivos de raza, color, origen nacional, sexo, identidad de género, orientación sexual, edad, discapacidad, religión o creencias políticas.

Educational Solutions

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2740 Airport Dr. STE 300
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Phone: 614.299.1007
Fax: 614.299.3684

☐ Unity Academy High School

☐ Midnimo Cross Cultural Middle School
1567 Loretta Ave
Columbus, OH 43211
P: 614.261.7480
F: 614.261.7481

☐ Cesar Chavez College Preparatory School
2400 Mock Road
Columbus, OH 43219
P: 614.294.3020
F: 614.299.3680

☐ Educational Academy for Boys and Girls
35 Midland Ave
Columbus, OH 43223
P: 614.351.1774
F: 614.351.1968

Parent Consent for Student Records Release
Please return information to the school checked above

_____ 1st Request _____ 2nd Request _____ 3rd Request
(Date) (Date) (Date)

Official records requested from _____ for:

Student Name: _____ Date of Birth: _____

Address: _____ Current Grade: _____

_____

The student listed above has completed all new student induction requirements and is now officially enrolled in school checked above.

The above student became an active student on _____

You are authorized to release all records which may include the following:

- Transcripts/Academic Records (name, birthday, grade level completed, grades and attendance)
- Report Cards and Progress Reports
- Custody papers, birth certificates
- Withdrawal Grades/Credits
- Health Records (immunization records)
- AIR/OAT/OAA/PARCC/OGT/State Testing Records
- K-3 Diagnostic Assessment
- Kindergarten Readiness Assessment Data
- 3rd Grade Reading Guarantee documentation
- Intervention Data (RTI/IAT)
- I.E.P/E.T.R. & all Special Needs Records (if applicable)
- LEP/ESL Screening and/or OTELA/OELPA information
- Other pertinent information

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

According to the Final Regulations – Family Education Rights & Privacy Act (Buckley Amendment) dated June 17, 1976; it is no longer necessary to obtain written consent to release records between schools, it states that school officials, including teachers within the educational institution and officials of other school systems in which the student may intend to enroll, may receive a student's record without written consent for such.