The beginning of the school year is rapidly approaching, and we are eagerly anticipating the arrival of your student to Buckeye Career Center for the 2020-2021 school year. The beginning of this school year presents unprecedented challenges; however, the faculty and staff has been hard at work preparing for the arrival of our students so we can ensure they are able to reach their career and academic goals while attending Buckeye Career Center. The health and safety of Buckeye Career Center students and staff, in accordance with guidance from the Ohio Department of Health, Governor Mike DeWine, and our local health departments, are our top priorities.

On August 31, 2020, Buckeye Career Center will begin the school year with a blended schedule of in-person and online learning. We will remain on this schedule until at least September 25. Seniors will attend each Monday, Tuesday, and every other Wednesday. And Juniors and Level I Seniors will attend every other Wednesday and each Thursday and Friday.

<table>
<thead>
<tr>
<th>2020-2021</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors-</td>
<td>Attend all day,</td>
<td>Attend all day,</td>
<td>Online academics from home or ½ day in-person lab and ½ day in-person academics</td>
<td>Online academics from home</td>
<td>Online academics from home</td>
</tr>
<tr>
<td>Level II</td>
<td>in-person lab</td>
<td>7:50 a.m - 2:25 p.m.</td>
<td>7:50 a.m - 2:25 p.m.</td>
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<td></td>
<td>7:50 a.m - 2:25 p.m.</td>
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<td>7:50 a.m - 2:25 p.m.</td>
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<td></td>
<td>7:50 a.m - 2:25 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juniors/</td>
<td>Online academics</td>
<td>Online academics from home</td>
<td>Online academics from home or ½ day in-person lab and ½ day in-person academics</td>
<td>Attend all day, in-person lab</td>
<td>Attend all day,</td>
</tr>
<tr>
<td>Level I</td>
<td>from home</td>
<td>from home</td>
<td>7:50 a.m - 2:25 p.m.</td>
<td>7:50 a.m - 2:25 p.m.</td>
<td>in-person lab</td>
</tr>
<tr>
<td>Seniors</td>
<td></td>
<td></td>
<td>7:50 a.m - 2:25 p.m.</td>
<td></td>
<td>7:50 a.m - 2:25 p.m.</td>
</tr>
</tbody>
</table>

You will find our Buckeye Career Center 2020 Re-Start Plan summary enclosed in this packet that goes into further detail, or you may visit www.buckeyecareercenter.org to view the entire plan.

At Buckeye Career Center, we expect the young adults who learn in our labs and classrooms to approach each day like it is a job interview. On a daily basis, we have employers who visit Buckeye Career Center.
seeking employees to fill internships, apprenticeships, and immediate employment vacancies within their companies. These companies desire individuals who are skilled workers, but more importantly they demand that the individuals they hire are drug free, are of high moral character, are able to follow rules, and are self disciplined to attend school/work every day. The faculty and staff at Buckeye Career Center is dedicated to preparing our students to enter the workforce and college with these qualities.

Here are a few keys to success at Buckeye Career Center and beyond:

1. Be respectful to everyone- teachers and peers alike.
2. Follow proper safety protocols and procedures at all times.
3. Be on time and attend school every day.
4. Consider joining the Drug Free Club. (see enclosed letter)
5. Keep your cell phone turned off and put away at all times while in labs, classrooms, hallways, and restrooms. Cell phone usage is ONLY permitted during lunch in the cafeteria. No exceptions.
6. Keep headphones and earbuds in lockers. They are only permitted to be used at lunch in the cafeteria.
7. Look professional and follow the dress code- proper short and skirt length; facial piercings are limited to a stud in the nose only; no bright, unnatural colored hair; wear closed-toed shoes only; and clothing is expected to be clean and without holes. (All students will be given a copy of the handbook at the beginning of the school year, which outlines the entire dress code.)
8. Drive carefully and responsibly on the Buckeye Career Center grounds.

Additionally, we are pleased to provide you with important back-to-school information which includes:

- BCC 2020 Re-Start Plan Summary
- BCC Orientation Days
- Online Student Information Forms
- Online Option for Paying Student Fees
- Application for Free and Reduced Lunches
- Student Accident Insurance
- Drug Free Club Information
- Student Pickup Information
- Parking permit Form (If you will be driving to school)

If you have any questions, please feel free to call us at 330-339-2288, and we will be happy to assist you. We are excited for the start of the school year, and we are happy that you chose Buckeye Career Center!

Sincerely,

Matt Fockler, Principal
BUCKEYE CAREER CENTER
2020 RE-OPENING PLAN

In an effort to provide career technical education to over 1,000 students, BCC has developed this re-opening plan. The health and safety of Buckeye Career Center students and staff were guiding factors while developing this plan. This plan was formulated in accordance with guidance from the Ohio Department of Health, Governor Mike DeWine, and our local health departments.

High School Orientation Calendar

Student-only orientation and first day activities will be held August 24-28th during the school day. All incoming and returning students should attend ONLY on the day his/her partner school is listed. Transportation will be provided by partner schools to BCC that specific day, if needed. Students may also drive and will be expected to remain at school all day.

<table>
<thead>
<tr>
<th>Monday, August 24</th>
<th>Tuesday, August 25</th>
<th>Wednesday, August 26</th>
<th>Thursday, August 27</th>
<th>Friday, August 28</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Philadelphia Conotton Valley</td>
<td>Dover Garaway Hiland</td>
<td>Claymont Strasburg TCC Open Enrolled</td>
<td>Indian Valley Newcomerstown</td>
<td>Carrollton Tusky Valley All Home School All Virtual</td>
</tr>
</tbody>
</table>

Buckeye Career Center Educational Plan

If Tuscarawas County is a yellow, orange, or red county, per the Ohio Public Health Advisory System, blended in-person and online instruction will begin for all students beginning Monday, August 31st and run through at least September 25th. Should the county move to any other level, we will remain in our current level stage for three weeks to assess the situation before adjusting our educational methods.

<table>
<thead>
<tr>
<th>Level</th>
<th>Manor of Education</th>
<th>Seniors</th>
<th>Juniors/Level 1 Seniors</th>
<th>PPE and Health Evaluations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 Yellow</td>
<td>Full, in-person Instruction</td>
<td>Attend every day, in-person for career tech and academic learning</td>
<td>Attend every day, in-person for career tech and academic learning</td>
<td>- Conduct daily health evaluation at home</td>
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<tr>
<td></td>
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<td></td>
<td>- Meals consumed in cafeteria</td>
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<td>- Masks required for staff</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td>- Masks recommended for students</td>
</tr>
<tr>
<td>Level 2 Orange</td>
<td>Blended Schedule of in-person and online learning</td>
<td>Mon: All day, in-person lab Tues: All day in-person lab Every Other Wed: Half day in-person academics Thurs: Online academics from home Fri: Online academics from home</td>
<td>Mon: Online academics from home Tues: Online academics from home Every Other Wed: Half day in-person lab/half day in-person academics Thurs: All day, in-person lab Fri: All day, in-person lab</td>
<td>- Conduct daily health evaluation at home and/or at school if needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Meals consumed in labs/classrooms</td>
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<td>- Masks required for staff</td>
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<td></td>
<td></td>
<td></td>
<td>- Masks recommended for students</td>
</tr>
<tr>
<td>Level 3 Red</td>
<td>Blended Schedule of in-person and online learning</td>
<td>Level 2 schedule continues. Three consecutive weeks in red could result in a transition to Level 4 (purple) procedures.</td>
<td>Level 2 schedule continues. Three consecutive weeks in red could result in a transition to Level 4 (purple) procedures.</td>
<td>- Temperature check conducted on-site (above 100 degrees to report to nurse or return home)</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>- Meals consumed in lab/classrooms</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Masks required for staff and students (provided if needed)</td>
</tr>
<tr>
<td>Level 4 Purple</td>
<td>All instruction delivered through online methods</td>
<td>All career-tech and academic instruction delivered via online methods.</td>
<td>All career-tech and academic instruction delivered via online methods.</td>
<td>- Essential personnel temperature checks on-site (above 100 degrees to return home)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Masks required for essential personnel</td>
</tr>
</tbody>
</table>

Note: Double lab students will attend every day.
Note: Hospitality and other units may attend each day based on IEP and parent/guardian permission.

Transportation: A face mask may be required by your partner school district to ride a bus. This and other transportation questions should be directed to your partner school district.

Adult Education: Full-time courses, EMS/Fire, and apprenticeships will begin September 14, 2020 and Part-Time Adult Education courses will begin November 1st. More details will be provided at a later date regarding these classes.

VIEW THE ENTIRE RE-OPENING PLAN AT WWW.BUCKEYECAREERCENTER.ORG
<table>
<thead>
<tr>
<th>Date</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 24-28 (Orientation)</td>
<td>New Philadelphia Conotton Valley</td>
<td>Dover Garaway Hiland</td>
<td>Claymont Strasburg TCC Open Enrolled</td>
<td>Indian Valley Newcomerstown</td>
<td>Carrollton Tusky Valley All Home School All Virtual</td>
</tr>
<tr>
<td>August 31—September 4</td>
<td>Senior Labs Junior On-Line</td>
<td>Senior Labs Junior On-Line</td>
<td>Senior Academics/Lab Junior On-Line</td>
<td>Senior On-Line Junior Labs</td>
<td>Senior On-Line Junior Labs</td>
</tr>
<tr>
<td>Sept. 7—Sept 11</td>
<td>No School</td>
<td>Senior Labs Junior On-Line</td>
<td>Senior On-Line Junior Academics/Lab</td>
<td>Senior On-Line Junior Labs</td>
<td>Senior On-Line Junior Labs</td>
</tr>
<tr>
<td>Sept. 14—Sept 18</td>
<td>Senior Labs Junior On-Line</td>
<td>Senior Labs Juniors On-Line</td>
<td>Senior Academics/Lab Junior On-Line</td>
<td>Senior On-Line Junior Labs</td>
<td>Senior On-Line Junior Labs</td>
</tr>
</tbody>
</table>
Orientation will be during school hours and ONLY the student will attend. During orientation week your student will only attend on the day his/her partner school is scheduled to be here. Please see the below orientation week schedule to see when your student will attend orientation. Our 1st period bell rings at 7:50am and our last bell rings at 2:25pm.

<table>
<thead>
<tr>
<th>Monday, August 24</th>
<th>Tuesday, August 25</th>
<th>Wednesday, August 26</th>
<th>Thursday, August 27</th>
<th>Friday, August 28</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Philadelphia</td>
<td>Dover</td>
<td>Claymont</td>
<td>Indian Valley</td>
<td>Carrollton</td>
</tr>
<tr>
<td>Conotton Valley</td>
<td>Garaway</td>
<td>Strasburg</td>
<td>Newcomerstown</td>
<td>Tusky Valley</td>
</tr>
<tr>
<td></td>
<td>Hiland</td>
<td>TCC</td>
<td></td>
<td>All Home School</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Open Enrolled</td>
<td></td>
<td>All Virtual</td>
</tr>
</tbody>
</table>

What will your student do during orientation?
-Receive a copy of their class schedule
-Pay school fees
-Have their picture taken for their student ID card
-Register for a Parking permit (if they will be driving to school)
-Register for Drug Free Club (if they choose)
-Receive information on dress code and student code of conduct
-Meet teachers and go through their Wednesday schedule

We will be mailing out Progress Book Student Grades Login information to parents in the coming weeks as well.
Buckeye Career Center requires our students to fill out Emergency Medical forms in order to participate in their lab. These forms MUST be filled out online by: 9/4/2020

If you are a returning student you should already have an account. If you need help with login information please call the office at 330.339.2288. New students will need to create an account, please follow the included instructions.

When creating an account and adding your student to your account, you will need their Student ID number. This number will be found at the top of your student’s class schedule that they will receive during orientation.

The above link can be found by going to www.buckeyecareercenter.org click on High School - Parent/Student Links
Creating an account

To create a new account, click on the "Create A New Account" button.

You will be directed to a form for your account information. We recommend completing all fields; however, just fields in **bold** are required. Provide an email address you use regularly. We recommend using your email address as your parent Login ID; however, it may be anything of your choosing. The Pin Code field is where you create a 4-digit PIN code – this is crucial, should you need to verify your account when calling in for support. Once you have completed all of the required fields, click "Register & Begin." you will receive an email notification confirming you have successfully created an account. If you do not receive this email, please check your spam folder and whitelist our email address.
Lunch Account & School Fees

https://www.payforit.net/Login.aspx

The above link can be found on our highschool website, under Student/Parent Links
www.buckeyecareercenter.org

Account Setup:

If your student has a Pay For It account at their home school, you will need to set up a new account for BCC. When setting up your student's Pay For It account, you will need your student's ID number. This ID number can be found on your student's schedule that they will receive on their first day of classes, or you may call in to the office at 330.339.2288
Dear Parents/Guardians:

High School Students need healthy meals to learn. Buckeye Career Center offers a healthy BREAKFAST and LUNCH.

Morning Breakfast is served from 7:30am to 8:00am. Lunches are served as assigned on student schedules.

Breakfast Cost $2.25
Lunch Cost $3.25

~ Your student may qualify for free or reduced meals ~

Reduced Prices are – Breakfast $.30 / Lunch $.40.
If your student qualifies, this includes both breakfast and lunch prices.

Please see attached the form and FAQ's.
If you have any questions or need help, call 800-227-1665 or 330-339-2288 Ext. 1255.
### 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 or 10-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: | Sign the form. The last four digits of a Social Security Number are not necessary. |
| Part 6: | 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 Buckeye Career Center 330.339.2288 x1255 Phyllis Willison - pwillison@buckeyecareercenter.org. If not, skip this part. |
| Part 4: | Complete only if a child in your household isn’t eligible under Part 3. See Instruction for all other households. |
| Part 5: | Sign the form. The last four digits of a Social Security Number are not necessary if you didn’t need to complete in part 4. |
| Part 6: | 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 ARE APPLYING 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 indicating the child is a foster child. |
| Part 2: | Skip this part. |
| Part 3: | Skip this part. |
| Part 4: | Skip this part. |
| Part 5: | Sign the form. The last four digits of a Social Security Number are not necessary. |
| Part 6: | 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 of the children in the household are foster children:

| Part 1: | List all household members and the name of school and 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 SNAP or OWF 7 or 10-digit 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 Buckeye Career Center 330.339.2288 x1255 Phyllis Willison - pwillison@buckeyecareercenter.org. 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 your 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: | 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 doesn’t have one). |
| Part 6: | 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. |
## 2020-2021 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

### Part 1. ALL HOUSEHOLD MEMBERS

<table>
<thead>
<tr>
<th>Names of all household members (First, Middle Initial, Last)</th>
<th>Name of school and grade level for each child/or indicate “NA” if child is not in school.</th>
<th>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.</th>
<th>Check if No Income</th>
</tr>
</thead>
<tbody>
<tr>
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### Part 2. BENEFITS:
If any member of your household receives SNAP or OWF benefits, provide the name and 7 or 10-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 or 10-DIGIT CASE NUMBER:

**Part 3.** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Buckeye Career Center 330.339.2288 x1255 Phyllis Willson – pwillson@buckeyeareacarecenter.org

- 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.

#### 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED

<table>
<thead>
<tr>
<th>1. NAME <em>(List all household members with income)</em></th>
<th>Earnings from work before deductions</th>
<th>Weekly</th>
<th>Every 2 Weeks</th>
<th>Twice Monthly</th>
<th>Monthly</th>
<th>Welfare, child support, alimony</th>
<th>Weekly</th>
<th>Every 2 Weeks</th>
<th>Twice Monthly</th>
<th>Monthly</th>
<th>Pensions, retirement, Social Security, SSI, VA benefits</th>
<th>Weekly</th>
<th>Every 2 Weeks</th>
<th>Twice Monthly</th>
<th>Monthly</th>
<th>All Other Income (include frequency, such as weekly, monthly, quarterly, annually)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Example) Jane Smith</em></td>
<td>$200 [X] [ ] [ ] [ ] [ ] [ ] [ ]</td>
<td>$150</td>
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</tbody>
</table>

### Part 5. 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 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.

**Choose one ethnicity:**

- [ ] Hispanic/Latino
- [ ] Not Hispanic/Latino

**Choose one or more (regardless of ethnicity):**

- [ ] Asian
- [ ] American Indian or Alaska Native
- [ ] Black or African American
- [ ] White
- [ ] Native Hawaiian or other Pacific Islander
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 the Assistant Secretary for Civil Rights
     1400 Independence Avenue, SW
     Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.
Frequently Asked Questions about Free and Reduced Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. Buckeye Career Center offers healthy meals every school day. Breakfast costs $2.25, lunch costs $3.25. Your children may qualify for free meals or for reduced-price meals. Reduced price is $3.00 for breakfast and $4.40 for lunch. This packet includes an application for free or reduced-price meal benefits and a set of 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 limits on the federal income eligibility guidelines.

<table>
<thead>
<tr>
<th>Household size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,107</td>
<td>$1,926</td>
<td>$445</td>
</tr>
<tr>
<td>2</td>
<td>31,284</td>
<td>2,607</td>
<td>602</td>
</tr>
<tr>
<td>3</td>
<td>39,461</td>
<td>3,289</td>
<td>759</td>
</tr>
<tr>
<td>4</td>
<td>47,638</td>
<td>3,970</td>
<td>917</td>
</tr>
<tr>
<td>5</td>
<td>55,815</td>
<td>4,652</td>
<td>1,074</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
<td>5,333</td>
<td>1,231</td>
</tr>
<tr>
<td>7</td>
<td>72,169</td>
<td>6,015</td>
<td>1,388</td>
</tr>
<tr>
<td>8</td>
<td>80,346</td>
<td>6,696</td>
<td>1,546</td>
</tr>
<tr>
<td>Each additional person:</td>
<td>8,177</td>
<td>682</td>
<td>158</td>
</tr>
</tbody>
</table>

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 or 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 Buckeye Career Center 330.339.2288 x1255 Phyllis Willison – pwillison@buckeyecareercenter.org 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** Buckeye Career Center 330.339.2288 x1255 Phyllis Willison – pwillison@buckeyecareercenter.org

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 Buckeye Career Center 330.339.2288 x1255 Phyllis Willison – pwillison@buckeyecareercenter.org immediately.

5. **Can I apply online?** Yes. You are encouraged to complete an online application instead of a paper application if possible. The online application has the same requirements and will request the same information as the paper application. Visit [www.buckeyecareercenter.org](http://www.buckeyecareercenter.org) to begin or to learn more about the online application process. Contact Buckeye Career Center 330.339.2288 x1255 Phyllis Willison – pwillison@buckeyecareercenter.org 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 first few days of this school year. You are required to submit a new application unless the school told you that your child is eligible for the new school year.

7. I receive 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 complete and submit an application.

8. Will the information I give be checked? Yes, we may also 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: Buckeye Career Center 330.339.2288 x1255 Phyllis Willison – pwillison@buckeyecareercenter.org.

11. May I apply if someone else in my household is not a U.S. citizen? Yes. You or your child(ren) members 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 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 is also 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 Buckeye Career Center 330.339.2288 x1255 Phyllis Willison – pwillison@buckeyecareercenter.org to receive a second application.

16. My family needs more help. Are there other programs we might apply for? To find out how to apply for Ohio SNAP or other assistance benefits, contact your local assistance office or call 877-852-0010.

If you have other questions or need help, call 330.339.2288 x1255
Si necesita ayuda, por favor llame al teléfono: 330.339.2288 x1255
Si vous voulez aide, contactez nous au numéro: 330.339.2288 x1255

Sincerely,
Phyllis Willison
Accidents happen! When they happen to your child, someone must pay the bills.

- Here are Accident only insurance plans to help cover your child either 24 hours a day (24-Hour Plan) or while in school (School-Time Plan).
- These plans provide benefits to help meet the cost of medical and Hospital expense.
- If you have other insurance, these plans can help offset the deductibles and coinsurance for those plans.
- If you have no other insurance, these plans will provide basic coverage.
- Any benefits payable by the Policy as a result of medical, surgical, dental, Hospital or nursing service will be paid directly to the Hospital or person rendering such service unless proof of payment in full is provided.

### IMPORTANT PROTECTION FACTS

<table>
<thead>
<tr>
<th>24-HOUR</th>
<th>SCHOOL TIME</th>
<th>IMPORTANT PROTECTION FACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>✓</td>
<td>Becomes effective the date premium payment is received by Guarantee Trust Life Insurance Company (GTL), its representatives or school officials (but not prior to the opening day of school). Students participating in preschool practice or play for interscholastic sports sanctioned by the Ohio High School Athletic Association will be covered as of the date of actual premium payment but only while engaged in actual practice or game sessions. Other aspects of coverage will not start sooner than the first date of regular school session.</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>Provides coverage during the hours that school is in regular session.</td>
</tr>
<tr>
<td>✓</td>
<td></td>
<td>Provides 24-Hour-A-Day protection.</td>
</tr>
<tr>
<td>✓</td>
<td></td>
<td>Provides coverage during the time necessary for travel between the insured’s home and the beginning or end of regular school sessions.</td>
</tr>
<tr>
<td>✓</td>
<td></td>
<td>Provides coverage while participating in (or attending) activities organized, sponsored and supervised by the school. Coverage is also provided for travel directly to and from such activities in a Designated Vehicle furnished by the school.</td>
</tr>
<tr>
<td>✓</td>
<td></td>
<td>Coverage expires at the close of the regular school term. (Coverage will be extended while attending academic classes for credit in the summer, when classroom sessions are exclusively sponsored and solely supervised by the school; however, no coverage will be provided for travel to and from classes).</td>
</tr>
<tr>
<td>✓</td>
<td></td>
<td>Coverage continues without interruption all summer until school re-opens for the following term.</td>
</tr>
</tbody>
</table>

Optional Football Only Accident Coverage begins on the date of premium receipt by GTL, its representatives or school officials, but not prior to the first official date of practice; and continues through the date of the last official game of the current season including playoffs.

Football premium covers football only.

To file a claim: Report accidents to the school. Forms will be furnished through the principal’s office (during vacation time contact the administrative of the plan). Complete proof of loss and accumulated bills must be received by Guarantee Trust Life Insurance Company within 90 days.

### 24-HOUR-A-DAY ACCIDENT COVERAGE

24-Hour-A-Day Protection for each Covered Accident

Helps protect your child for the entire school year and extends throughout the summer - right up to the day school opens.

Your child’s coverage is good WORLDWIDE, 24-HOURS-A-DAY. This includes covered accidents:

- At home
- At play
- At school
- On vacation
- Scouting, camping etc.
- During covered travel
- While engaged in sports, except those specifically excluded or for which optional coverage is required*

*See OPTIONS for available optional sports coverage, if any.

### SCHOOL-TIME ACCIDENT COVERAGE

Helps protect your child while attending regular school sessions. Includes coverage for travel directly to and from your residence to attend regular school sessions for travel time required, but not more than one hour before or after regular classes. Travel time on the school bus is extended for any additional time needed. In addition, coverage is provided while participating in (or attending) covered activities exclusively organized, sponsored and solely supervised by the school and school employees, including travel directly to and from the activity in a Designated Vehicle furnished by the school and supervised solely by school employees. Optional coverage may be required for interscholastic sports. See OPTIONS for available optional sports coverage, if any.

Blanket Accident insurance products are issued on Form Series GP-2030, GP-2020 or GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. These products and their features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. The exact provisions governing the insurance are contained in the Policy issued to the Policyholder and certain provisions may be administered to conform to state requirements. The Policy shall control in the event of any conflict between the Policy and this brochure. For complete details of coverage please contact the agent administering the program.
What's Covered? **Up to $25,000.00** as described under Coverage and Benefits for:

- **ACCIDENTS OCCURRING WHILE COVERAGE IS IN FORCE**
- **LOSS FROM ACCIDENTAL BODILY INJURY RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES**
- **COVERED MEDICAL EXPENSE WHICH BEGINS WITHIN 30 DAYS OF THE ACCIDENT AND IS INCURRED WITHIN 52 WEEKS OF THE ACCIDENT**

## Coverage and Benefits

**Benefits are payable up to the dollar amounts specified below.**

<table>
<thead>
<tr>
<th>Benefits Per Injury</th>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Room and Board and General Nursing Care</td>
<td>Per day</td>
<td>$150</td>
</tr>
<tr>
<td>Hospital Miscellaneous Expense</td>
<td></td>
<td>$1,000</td>
</tr>
<tr>
<td>Hospital Emergency Care</td>
<td>Per Unit</td>
<td>$150</td>
</tr>
<tr>
<td>Doctor's Fees for Surgery</td>
<td>Unit Value determined by the Surgical Schedule</td>
<td>$80</td>
</tr>
<tr>
<td>Anesthesia Services</td>
<td>Percent of Surgical Schedule Allowance</td>
<td>25%</td>
</tr>
<tr>
<td>Ambulance Expense</td>
<td></td>
<td>$100</td>
</tr>
<tr>
<td>Doctors' Visits</td>
<td>Per visit</td>
<td>$25</td>
</tr>
<tr>
<td><strong>Non-surgical</strong></td>
<td>Physical Therapy, per visit</td>
<td>$25</td>
</tr>
<tr>
<td><strong>Including Physical Therapy</strong></td>
<td>Maximum number of visits per injury</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits Per Injury</th>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imaging Procedures</td>
<td>Including X-rays and interpretation</td>
<td>$100</td>
</tr>
<tr>
<td>MRI/CAT Scan</td>
<td></td>
<td>$125</td>
</tr>
<tr>
<td>Orthopedic Appliances</td>
<td>Furnished by the Hospital</td>
<td>$100</td>
</tr>
<tr>
<td>Dental Treatment</td>
<td>For Injury to Sound, Natural Teeth, per tooth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$200</td>
<td>$400</td>
</tr>
<tr>
<td>Accidental Death and Dismemberment</td>
<td>Caused by an Injurious Occurrence within 365 days of the Covered Accident</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACCIDENTAL DEATH</td>
<td>$2,000</td>
</tr>
<tr>
<td></td>
<td>DISMEMBERMENT</td>
<td>Loss of One Hand or One Foot</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Loss of the Entire Sight of Both Eyes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Loss of Both Hands or Feet</td>
</tr>
</tbody>
</table>

Injury means bodily injury due to an Accident which results directly and independently of disease, bodily infirmity, or any other causes; solely, directly and independently of all other causes, results in medical expense; occurs after the effective date of the Insured’s coverage under the Policy; and occurs while the Policy is in force. All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury.

## Exclusions

The Policy does not cover: (1) Treatment, services or supplies which are not Medically Necessary; are not prescribed by a Doctor as necessary to treat an Injury; are Experimental/Investigational in nature; are received without charge or legal obligation to pay; are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified; or are not specifically listed as Covered Charges in the Policy; (2) Intentionally self-inflicted Injury; (3) Injury sustained while violating or attempting to violate any duly enacted law; (4) Injury by acts of war, whether declared or not; (5) Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline; (6) Injury covered by Worker's Compensation or the Occupational Disease Law; (7) Treatment of illness, disease or infections, except infections which result from an accidental Injury or infections which result from accidental, involuntary or an unintentional ingestion of a contaminated substance; (8) Hernia, any type; (9) Injury sustained fighting or brawling, except in self-defense; (10) Suicide or attempted suicide; (11) Any penalty imposed by Other Valid and Collectible Insurance or Plan for failure to follow plan procedures; (12) Loss resulting from the use of any drug or agent classified as a narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor; (13) Injury sustained while operating, riding in or upon, mounting or alighting from, any two, three or four-wheeled recreational motor/engine driven vehicle, snowmobile or all-terrain vehicle (ATV); (14) Injury sustained while participating in or practicing for senior high interscholastic tackle football including grade 9 if playing with grade 10 or above, including travel, unless optional coverage has been purchased; (15) Cosmetic or plastic surgery, except for reconstructive surgery on an injured part of the body; (16) Treatment in any Veteran’s Administration or federal Hospital, except if there is a legal obligation to pay; (17) Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; (18) Dental treatment, except as specifically stated; (19) Services of an assistant surgeon or Doctor when surgery is performed; (20) Eyeglasses, contact lenses, routine eye exams or prescriptions therefore; (21) Prescription Drugs, crutches, braces, artificial limbs, etc., except as specifically stated.

Administered by: **STUDENT PROTECTIVE AGENCY**, 300 Coshocton Ave., Mount Vernon, OH 43050 • (800) 278-2544

Underwritten and claims paid by: **GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)**, 1275 Milwaukee Ave., Glenview, IL 60025 • (800) 622-1993

K-12-OH-20-21
PLEASE REMEMBER TO:

1️⃣ COMPLETE THE ENROLLMENT FORM AND CHECK THE PLAN AND OPTIONS YOU WANT.

2️⃣ MAKE YOUR CHECK OR MONEY ORDER (PLEASE DO NOT SEND CASH) FOR THE TOTAL ENCLOSED PAYABLE AS INDICATED.

MAIL THE ENROLLMENT FORM WITH YOUR CHECK OR MONEY ORDER TO:

STUDENT PROTECTIVE AGENCY
300 Coshocton Avenue
Mount Vernon, OH 43050

PLEASE NOTE: YOUR CANCELED CHECK IS YOUR RECEIPT. IF CANCELED CHECK IS NOT RECEIVED WITHIN 60 DAYS, PLEASE CONTACT YOUR PLAN ADMINISTRATOR.
STOP!
We hope after you learn more about our ideas inside that your child will join our thousands of other club members BUT...Even if you do nothing else PLEASE


talk to your child about drugs!
Use the fact that you got this brochure to spark an EASY conversation. Why?

They’re listening! Studies have shown that frequent, good quality talks have a drastic impact on a child’s choice about drug use. Club parents will get several more ideal “take five” moments, and resources make the talk go well, but EVERYONE can do this one now!

Just start with, “Hey—I got this information and I’m curious about your thoughts on it”.

Smart right??
Wait until you read the rest inside!!

(or at DrugFreeClubs.com)

Drug Free Clubs of America

Making the Right Choice
EASY!

Are meetings required?
- DFCA does not require meetings but schools may add them.

How long does the drug test take?
- Tests typically take just a little longer than a normal bathroom break.

Are test results given on site?
NO results are given to ANYONE on test day.
- Results times vary depending on the lab and are given directly to the parent and student.

What about prescriptions?
- Do not bring a list to school. If a substance is detected, a parent and the pharmacy will be contacted for the prescription details. If they are consistent with the test, that student is drug free. It is best to save purchase receipts to speed up the process.

What if a student tests positive for drugs?
- Parents receive a phone call directly from the doctor’s office DFCA works with to analyze samples. They will discuss the findings, and options. Membership is suspended.

Is there someone in place to help parents?
- Yes! An individual highly trained in substance abuse issues is available to answer club parent’s questions, or to help when a parent is feeling vulnerable. To regain active membership in the club after a positive test, parents may speak with this parent resource and set a re-test date with DFCA when their child can test drug-free.

“I am so thankful for Drug Free Clubs of America! It looks great on a resume and gives me an excuse to turn down drugs.”
-senior year member

“This program is a wonderful plan to help keep kids away from drugs and alcohol. A great idea to keep them on track in school and in life. Thank you.” - Sophomore parent

“DFCA helps kids make good choices by just being fun!”. -Junior parent

DFCA
10361 Spartan Dr.
Cincinnati, Ohio 45215
(877) YAY-DFCA (929-3322)
**6. Teens Stay Drug Free!**

Proudly offering a Drug Free Clubhouse to students.

1. **Apply and pay.**

2. Test drug free. **Program terms**—DCFA will __ NEVER __ fine this club. Violation of any DCFA rules will result in expulsion from the program. To be drug free, you must deliver the test to a trusted adult.

3. **Get the ID card.**

4. Enjoy Rewards!

   - Enroll in our rewards program to earn points for attending meetings.
   - Redeem points for prizes in our store.

5. Teens can get FREE!

   - Receive a discount on your next purchase.
   - Earn free merchandise for your efforts.

**DCFA** is a non-profit organization that supports children and their families through various programs, including education and counseling. To learn more, visit our website at dcfa.org.

---

**Was teaching „no“ enough?**

Something so simple... 

- The school year... a year of instruction and guidance.
- DFCA computer program and continuous interaction.
- The reward... continuous support.
- The result... a new perspective on life.

---

**Firefighters Foundation**

So something powerful... 

- First responders... our heroes.
- Firefighters... our protectors.
- The Firefighters Foundation... our fundraiser.

---

**Pressures of life.**

- Stress... it's everywhere.
- Solutions... not always easy.
- The Firefighters Foundation... helping to make a difference.

---

**Firefighters Foundation**

So something powerful... 

- First responders... our heroes.
- Firefighters... our protectors.
- The Firefighters Foundation... our fundraiser.
Drug Free Clubs of America

DFCA APPLICATION & CONSENT FORM – Fill out the top half to apply! 2020-2021

Thanks to generous contributions your cost is just $20 for the whole year!

What is your T-Shirt Size

Student First and Last Name:

School

Birthday: _______ / _____ / _______  Grade (#): _______  Gender: _______  Have you been a club member before? ☐ Y ☐ N

Street name and Address: ____________________________________________  City: _______  State: _______  Zip: _______

Parent(s)/Guardian(s) First and Last Name: ____________________________________________

Best Parent Phone #: ____________________________________________  Second Phone #: ______________________________

**Parent E-mail: ____________________________________________ **Student E-mail: ____________________________________________

**IT IS EXTREMELY IMPORTANT TO PROVIDE YOUR BEST EMAIL FOR MANY PROGRAM REASONS INCLUDING TESTING NEEDS AND UPDATES. We deeply respect your privacy and will NEVER share any of your info with anyone outside of our program’s needs!**

I consent to the taking of specimens for drug screening as part of an examination in connection with enrollment into Drug Free Clubs of America (DFCA), the analysis of the specimen by DFCA’s necessary partners, and I authorize the release of those results to DFCA and my parent or guardian via the contact info above. I also consent to the taking of, or school’s release of my (child’s) photograph to be used for DFCA program purposes.

X

PARENT SIGNATURE  Date  X  STUDENT SIGNATURE  Date

DO NOT WRITE BELOW THIS LINE. All payments are non refundable. *$30 fee for each returned check for bank fees.

DFCA FORM FOR TEST DAY (On-site device preliminary test) *DO NOT perform test unless BOTH signatures are above!*

Step 1: ADULT NEATLY completes Donor Information (Collector/Teacher/Adult Volunteer) (Student = “Donor”).

Donor First Name: ____________________________________________  Donor Last Name: ____________________________________________

Donor Birthday: _______ / _____ / _______  Time arrived to testing area: _______ : _______ am pm

Step 2: STUDENT signs certification while with collector

I certify that the specimen I provided is my own and was not substituted or altered. I freely accept the testing of my specimen and sharing of my results with my parent/guardian according the DFCA policies & procedures.

Student Signature: ____________________________________________  Date Test Completed: _____ / _____ / 20_____

Step 3: COLLECTOR completes Certification while with student

I certify that I completed the specimen collection related to the Donor named above according the DFCA policies & procedures. To the best of my knowledge the specimen was not substituted or adulterated.

Collector Name PRINTED: ____________________________________________  Date Test Completed: _____ / _____ / 20_____

Collector Signature: ____________________________________________  Time Test Completed: _______ : _______ am pm

Collection Reason: ☐ Initial test  ☐ Random/Follow Up  ☐ Specimen temperature within acceptable range? ☐ Yes  ☐ No

Step 4: COLLECTOR completes additional test details below AFTER student is released

Test Device Read by: ☐ Same Collector as above  ☐ Collector 2 PRINT Name: ____________________________________________

Donor’s Related Chain of Custody Form (CCF) #: ____________________________________________  ☐ No CCF needed - neg

Collector’s Notes: ____________________________________________  Retest Needed (shy bladder, etc)
Dear Parents/Guardian,

This is a reminder that students entering the 12th grade are required to have the Meningococcal Vaccination (MCV4). Two doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry into the 12th grade. This vaccine protects against meningococcal diseases (serogroups A, C, W and Y). It is important to note that the recommended interval for between dose 1 and dose 2 is at least 8 weeks. If the first dose of this vaccine was administered on or after the 16th birthday, a second dose is not required.

As of this time, I do not have record of this shot for your child's school vaccination record. If you have already obtained these shots, please send a copy of the record to the office as soon as possible. If you have not obtained these shots, please make arrangements with your physician or an area Health Department to have these required vaccinations completed as soon as possible.

Ohio law allows a 14 day period for compliance with immunization requirements. After this 14 day grace period, students are to be excluded from school until they provide the required documentation. Please make an appointment to receive this vaccine right away.

Thank you for your time and cooperation.

Tia R. McCoury RN, BSN

Buckeye Career Center
Estimados Padres / Guardianes,

Este es un recordatorio de que los estudiantes que ingresan al 12 ° grado deben tener la vacuna contra la meningococo (MCV4). Se deben administrar dos dosis de la vacuna meningocócica (serogrupo A, C, W e Y) antes de ingresar al grado 12. Esta vacuna protege contra las enfermedades meningocócicas (serogrupos A, C, W e Y). Es importante tener en cuenta que el intervalo recomendado entre la dosis 1 y la dosis 2 es de al menos 8 semanas. Si la primera dosis de esta vacuna se administró en o después del cumpleaños 16, no se requiere una segunda dosis.

A partir de este momento, no tengo registro de esta vacuna para el registro de vacunación escolar de su hijo. Si ya ha obtenido estas vacunas, envíe una copia del registro a la oficina lo antes posible. Si no ha recibido estas vacunas, haga arreglos con su médico o con el Departamento de Salud de su área para que se completen las vacunas necesarias tan pronto como sea posible.

La ley de Ohio permite un periodo de 14 días para cumplir con los requisitos de inmunización. Después de este período de gracia de 14 días, los estudiantes serán excluidos de la escuela hasta que proporcionen la documentación requerida. Por favor haga una cita para recibir esta vacuna de inmediato.

Gracias por tu tiempo y cooperación.

Tia R. McCoury RN, BSN

Centro de Carreras Buckeye
Student Pick Up
Instructions

When: 2:10pm Please do NOT line up before.

Where: The line begins at the far east end of the front parking lot, NOT AT THE MAIN ENTRANCE.

- Do NOT block the main entrance of BCC so emergency vehicles have access to our building.
- Do NOT block the entrance into Buckeye from University Dr. and Tech Dr. to allow access for emergency vehicles and home school buses.
- We also have parking spaces available out front for parents to wait on their students.