



Holy Cross Catholic School K-6 REGISTRATION 2024-2025

Student Legal Last Name	Student First Name	M.I.	Preferred Name	22-23 Grade	DOB	Gender	Race

Student(s) Information

Address _____ City _____ Zip _____

Local School District: _____

Primary Telephone: _____ Number for Text Alerts: _____

Email address for school communications _____

**Student information is available to other parents. If you would prefer to have your child's information excluded from the roster, please mark here: _____*

***Has your student been baptized, if so at what parish:** _____

City: _____ **State:** _____ **Date if known:** _____

Billing Information

Name of parent/guardian responsible for tuition: _____

Address _____ City _____ Zip _____

Primary Telephone: _____ Primary Email Address _____

SCHOLARSHIPS/ SUBSIDY / FINANCIAL AID INFORMATION (not applicable for Pre-K)

Please check all that apply:

I/We are applying for one or more scholarships or financial aid.

I/We are applying for a Catholic School Tuition Subsidy.

(Subsidies will be considered after scholarship eligibility/financial aid applications are considered.)

I/We waive the right to apply for a Catholic School Tuition Subsidy or other scholarship aid.

I/we will pay the full cost of tuition at a rate of \$TBD per student.

TUITION PAYMENT INFORMATION (Payment Begins August 15)

I will pay tuition in full by August 31, 2024 (Tuition paid in full will receive a 2% discount).

I will pay tuition by Monthly Direct Withdraw beginning in August'24.

Please bill me monthly for tuition. (A one-time \$40 processing fee will be applied per student for monthly billing.)

PLEASE SEE OTHER SIDE OF FORM

Caregiver Information

Student Lives With: _____Mother _____Stepmother _____Legal Guardian
_____Father _____Stepfather

If Parents Are Divorced/Separated, Who Has Legal , Court Appointed Custody: _____

Is There A Restraining Order? (Yes) _____ (No) _____ Against Whom? _____

Father's or Guardian's name

Phone Number

Father's Occupation

Work Phone Number

Father's Email

Father/Guardian Signature

Mother's Name (First & Maiden)

Phone Number

Mother's Occupation

Work Phone Number

Mother's Email

Mother/Guardian Signature

Return registration form along with:

Non-refundable \$25 registration fee (per student)

Copy of Birth Certificate (only required for newly enrolled students)

Copy of Immunization Records (only required for newly enrolled students)

Media Release (only required for newly enrolled students)

Health History Form (only required for newly enrolled students)

Dismissal Instructions (only required for new students unless changes have been made)

Updated Medical Authorization form (all students)

HCCS admits students of any religion, race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of religion, race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



Holy Cross Catholic School
Emergency Medical Authorization
(2024-2025)

Student Name: _____ Grade _____

PART I OR II MUST BE COMPLETED

PART I: TO GRANT CONSENT

In the event reasonable attempts to contact:

Mother's name _____ Phone # _____

Mother's employers name _____ Phone # _____

Father's name _____ Phone # _____

Father's employers name _____ Phone # _____

People to be contacted in the event of an emergency if the parent cannot be reached:

Name _____ Phone # _____ relationship to child _____

Name _____ Phone # _____ relationship to child _____

We have been unsuccessful; I hereby give consent for:

(1) the administration of any treatment deemed necessary by:

_____, or _____
(Preferred Physician) (Phone) (Preferred Dentist) (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) (PHONE)

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted.

Signature: _____
(Parent/Guardian) (Address) (Date)



PART II REFUSAL TO CONSENT

(Do not complete Part II if you completed Part I)

I do not give my consent for emergency medical treatment for my child in the event of illness or injury requiring emergency treatment. I wish the school authorities to take no action or to:

Signature: _____ (Date)

(Parent/Guardian)

(Date)



Dismissal Instructions

Please return this form to the office by the first day of school

Parent Name/Guardian: _____

My child(ren) _____, is a car rider.

Listed below are names of 3 people who have my permission to pick up my child(ren).

- | | |
|----------|--------------|
| 1) _____ | _____ |
| Name | Phone Number |
| 2) _____ | _____ |
| Name | Phone Number |
| 3) _____ | _____ |
| Name | Phone Number |

_____ is a bus rider and will ride bus # _____
to _____ after school.
(Address of Destination)

_____ will walk to
_____ after school.
(Address of Destination)

If the procedure for dismissal is different on a given day, I will send a dated, handwritten note with my child for the office.

Parent/Guardian Signature

Date



AUTHORIZATION FOR MEDIA RELEASE

Student name

Date

There are times during the school year when the news media, community organizations, school related organizations, or school personnel may ask to interview, photograph, and/or videotape our students.

Throughout the year various activities or programs may be videotaped and aired on our local television station. A newspaper may ask to take pictures and interview students of our school about school related news. If we are partnering with an organization (Defiance College, Glenn Park, iHeart radio, etc.) they may take pictures of the activity and want to share on their network media. There may also be times when pictures or videos of students' school activities will be posted on the school's web page.

By signing the acceptance below you are granting Holy Cross Catholic School of Defiance the right to use, copyright, publish and incorporate photographs or video footage taken of your child as a result of his/her participation in approved activities of the school through various methods of the media without reservation or compensation.

This authorization will remain in effect indefinitely unless otherwise revoked by the undersigned. I understand that I have the right to revoke this authorization at any time by submitting a written request to the school principal. This revocation will be effective, except to those actions already taken in reliance on my authorization.

I have read this form and fully understand the contents, meaning, and reason for this release.

AGREED TO AND ACCEPTED THIS _____ DAY OF _____, 20____.

Signature of Parent or Guardian

I hereby revoke this authorization effective as of

Ohio Department of Health • School and Adolescent Health

Health History

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
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Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

Birth and Developmental History No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly explain illness or problems. _____	
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced	

Student Health Conditions

<input type="checkbox"/> YES , my child receives regular medical/health care for the following conditions:		<input type="checkbox"/> NO medical conditions
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other: _____

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

Yes No If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

Yes No If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by	Relationship to student	Date / /
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EdChoice Scholarship Program Request Form 2024-2025

STUDENT INFORMATION	This application is for a (select one): <input type="checkbox"/> Traditional EdChoice Scholarship <input type="checkbox"/> EdChoice Expansion Scholarship (income based)	
	Student data MUST match the Birth Certificate	
	NAME: _____ (First) (Middle) (Last)	
	DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____ GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
	MOTHER'S MAIDEN LAST NAME: _____ NATIVE LANGUAGE: _____ ETHNICITY: _____	
	CITY OF BIRTH: _____ GRADE LEVEL FOR 2023-2024: _____ GRADE LEVEL FOR 2024-2025: _____	
	IS THE STUDENT AN INCOMING KINDERGARTENER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	HAS THE STUDENT EVER ATTENDED ANY OHIO PUBLIC SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE?: (ANSWER BELOW)	
	IS THE STUDENT AN INCOMING HIGH SCHOOLER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	DISTRICT: _____ BUILDING: _____ YEAR: _____	

PARENT/GUARDIAN SIGNING SCHOLARSHIP CHECKS

I AM THE (CHECK ONE) Natural Parent Residential Parent Adoptive Parent Student who is at least eighteen years of age
 Legal Guardian of student applying for scholarship funds (court documents or Affidavit of Eligibility required)

PRIMARY PARENT/GUARDIAN	NAME: _____ (First) (Middle) (Last)
	DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____
	PHYSICAL ADDRESS: _____
	CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____
	PHONE NUMBER: _____ EMAIL ADDRESS: _____
	RELATIONSHIP TO STUDENT: _____

SECONDARY PARENT/GUARDIAN	NAME: _____ (First) (Middle) (Last)
	DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____
	PHYSICAL ADDRESS: _____
	CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____
	PHONE NUMBER: _____ EMAIL ADDRESS: _____
	RELATIONSHIP TO STUDENT: _____

SCHOOL INFORMATION	***Information MUST be completed to determine eligibility.***
	My student is currently (Check only one box):
	<input type="checkbox"/> Attending a public school <input type="checkbox"/> Attending a charter/community school
	<input type="checkbox"/> Attending a private school <input type="checkbox"/> Homeschooled (Never attended an Ohio school)
	<input type="checkbox"/> New to Ohio <input type="checkbox"/> Attending Pre-school
	<input type="checkbox"/> Other: _____
	Name of School the student is currently attending: _____ Name of public school district you live in: _____ Name of public school building the student would be assigned to for the 2024-2025 school year: _____

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

EdChoice Scholarship Program Request Form 2024-2025

INCOME	<p>***ATTENTION: Income verification is required for New Expansion Scholarship applicants. Income verification is not required to apply for a Traditional EdChoice Scholarship. Families may qualify for low-income status if they choose to have their income verified for the Traditional EdChoice Scholarship. To complete the Income Verification process, parents may submit online using the secure Income Verification system or complete and mail the paper form. Emailing documents is not permitted.</p>
ADDRESS VERIFICATION	<p>***Proof of residency is required of all first year and renewal applicants and must be submitted to the school with the application.***</p> <p>Parents/Guardians must document residency by providing the school with a current (less than 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill must show matching service and mailing address in the name of the parent/guardian. Post office boxes (except in rural areas where residents only have a PO Box) and cell phone bills have no service address and therefore are not accepted.</p> <p><i>Other Acceptable Documents:</i> A monthly mortgage statement (less than 90 days old) or lease/rental agreement (signed by lessee and lessor) and a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc) with parent/guardian's name and address.</p> <p>***Additional information can be found on the scholarship webpage.***</p>

2024-2025 EDCHOICE PARENT AGREEMENT

I _____ AGREE TO THE FOLLOWING:
(Parent Name)

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

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

through the Ohio Department of Education's electronic application system. By signing below, I agree to the above statements.

Signature of Parent/Legal Guardian signing the tuition check

Date Signed

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

SCHOLARSHIP PROGRAM INCOME VERIFICATION FORM 2024-2025

The Income Verification Process is important for some families. If you are a new applicant of the EdChoice Expansion Scholarship, you must complete the income verification process to receive a scholarship award. If you are an applicant of the Scholarship and you qualify for low-income status, you will not have to pay tuition above the amount of the scholarship. **It is recommended that you use the secure online Income Verification System to complete this process**, or you may complete this form and mail it and copies of income documents to the address on page three (3) of this form. The scholarship office is not able to return original documents to you; please send only copies. If you have more than one child applying for a scholarship, only one income verification form is needed. Helpful tools can be found on the scholarship website at [EdChoice Scholarship](#) or [Cleveland Scholarship](#).

PRIMARY PARENT/GUARDIAN	NAME: _____ <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> (First) (Middle) (Last) </div> MARITAL STATUS REQUIRED: _____ DATE OF BIRTH: _____ GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE LAST FOUR DIGITS OF SSN: _____ PHYSICAL ADDRESS: _____ CITY: _____ OHIO ZIP CODE: _____ RECEIVES INCOME: <input type="checkbox"/> YES <input type="checkbox"/> NO PHONE NUMBER: _____ EMAIL ADDRESS: _____ NAME OF PRIVATE SCHOOL WHERE YOUR CHILD IS ENROLLED: _____
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List all members of your household including scholarship student. Make a copy of this page if more space is needed.

#2	NAME: _____ <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> (First) (Middle) (Last) </div> DATE OF BIRTH: _____ GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE LAST FOUR DIGITS OF SSN: _____ RELATIONSHIP TO YOU: _____ SCHOLARSHIP STATUS (CHECK ONE): NEW: <input type="checkbox"/> RENEWAL: <input type="checkbox"/> N/A: <input type="checkbox"/> RECEIVES INCOME: <input type="checkbox"/> YES <input type="checkbox"/> NO
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#3	NAME: _____ <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> (First) (Middle) (Last) </div> DATE OF BIRTH: _____ GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE LAST FOUR DIGITS OF SSN: _____ RELATIONSHIP TO YOU: _____ SCHOLARSHIP STATUS (CHECK ONE): NEW: <input type="checkbox"/> RENEWAL: <input type="checkbox"/> N/A: <input type="checkbox"/> RECEIVES INCOME: <input type="checkbox"/> YES <input type="checkbox"/> NO
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#4	NAME: _____ <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> (First) (Middle) (Last) </div> DATE OF BIRTH: _____ GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE LAST FOUR DIGITS OF SSN: _____ RELATIONSHIP TO YOU: _____ SCHOLARSHIP STATUS (CHECK ONE): NEW: <input type="checkbox"/> RENEWAL: <input type="checkbox"/> N/A: <input type="checkbox"/> RECEIVES INCOME: <input type="checkbox"/> YES <input type="checkbox"/> NO
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#5	NAME: _____ <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> (First) (Middle) (Last) </div> DATE OF BIRTH: _____ GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE LAST FOUR DIGITS OF SSN: _____ RELATIONSHIP TO YOU: _____ SCHOLARSHIP STATUS (CHECK ONE): NEW: <input type="checkbox"/> RENEWAL: <input type="checkbox"/> N/A: <input type="checkbox"/> RECEIVES INCOME: <input type="checkbox"/> YES <input type="checkbox"/> NO
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SCHOLARSHIP PROGRAM INCOME VERIFICATION FORM 2024-2025

You must provide documentation for all sources of income in your home. The documents must represent current income. Do not send original documents, as they cannot be returned. Block the first 5 digits of all social security numbers in all documents leaving only the last 4 digits to be seen. See page 3 for acceptable income documents.

List each person that has earned or unearned income. If someone has more than one source of income, use multiple lines.

INCOME INFORMATION	First and Last Name	Name of Employer or Income Source	Amount Before Taxes	How Often Received
	<i>Example: John Smith</i>	<i>Employment- Kroger</i>	<i>\$1200</i>	<i>Bi-Weekly</i>
	<i>Example: Jane Smith</i>	<i>Child Support</i>	<i>\$475</i>	<i>Monthly</i>

X _____
SIGNATURE OF PRIMARY PARENT/LEGAL GUARDIAN REQUIRED

DATE

SCHOLARSHIP PROGRAM INCOME VERIFICATION FORM 2024-2025

The chart below may help you determine if you qualify. Renewing EdChoice Expansion families will not need to complete the income verification process each year, unless they would like to have their household income recalculated for their award amount.

NUMBER IN HOUSEHOLD	ADJUSTED GROSS ANNUAL AMOUNT (200%)
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
FOR EACH ADDITIONAL PERSON ADD:	\$10,760

Adjusted Gross Income (AGI – line 11) will be used to calculate household income if the parent/guardian provides page one of their current 1040 federal income tax return.

Household size is determined by the following:

- The eligible student and their legal guardian;
- The spouse of the legal guardian or birth parent of any child under the age of eighteen;
- Children under the age of eighteen who live with the legal guardian;
- Children of the parent or legal guardian of the eligible student who are fulltime students aged twenty-two or less;
- Disabled or blind adults or children related to the parent or legal guardian of the eligible student;
- Relatives who are age sixty-five and who are claimed as a dependent for federal income tax purposes.

HOW TO COMPLETE THE INCOME VERIFICATION PROCESS

1. Obtain the Income Verification Form on the Department's website or the nonpublic school where you have applied for or renewed a scholarship. (Complete pages 1 and 2 of this document)
2. Complete the parent/guardian information on page 1, filling in all lines. This should be the same information you have provided on the scholarship application/renewal form.
3. List household members (i.e. spouse, children) on page 1 and provide all the information requested.
 - a) Starting the 2024-2025 school year; Household members over the age of 18 can be entered by the family. These dependents must be claimed on the 1040 tax return as a dependent to qualify.
4. Write your sources of income on page 2 and provide copies of acceptable, supporting documentation.
5. Sign at the bottom of page 2. Do not return page 3-4.
6. Based on your household, determine from the list below which one fits your status. For example: If your status is (a) of the choices below, you only have to submit the documents for that option, not all of them.
 - a) If you are currently employed, and have the same job you had all of last year, send either 4 current pay stubs for each job, your W-2 forms, your 2023 Federal Income Tax Return forms or your 2023 Federal Income Tax transcripts which may be obtained at : WWW.IRS.GOV or by mailing the 4506-T form to the IRS.
 - b) If you are currently employed but did not work your current job for all of last year, send 4 current pay stubs for each job.
 - c) If you are self-employed, send a copy of your 2023 Federal Income Tax Return forms, including all schedules or your 2023 Federal Income Tax transcript.
 - d) If you receive other income sources such as food stamps/OWF, child support, unemployment, Social Security, etc., then you must send copies of official documentation which show how much you receive from each source. Example: If you currently work and receive food stamps and child support, you must submit four current pay stubs, official documentation that shows how much you receive in food stamps, and official documentation that shows how much you receive in child support.
 - e) If you have no income or you do not have pay stubs or W-2's, provide your 2023 Federal tax transcript from the IRS. Go to WWW.IRS.GOV. Please mail the request form to the IRS and once you receive your transcript, please mail a copy of that form to our office with the Income Verification form.
 - f) If you are recently unemployed, please provide a separation letter from your previous employer stating your last day of employment and your last paycheck stub.

DO NOT send original documents. Make copies (ex. W-2, check stubs, etc.) to send to our office and block the first 5 digits of all social security numbers on all documents only leaving the last 4 digits to be seen. Submit only one (1) form per family. (Ex. A family with 3 students in the program only needs to send the form one time per school year.) Keep a copy for your records.

Income Verification may be mailed or submitted electronically. The Income Verification form with supporting income documents may be mailed to the **Ohio Department of Education and Workforce, Office of Nonpublic Educational Options 25 S. Front Street, Mail Stop 309, Columbus, Ohio 43215-4183.**

To submit online for processing, parents can visit our website for instructions to access the parent portal and guidance to submit electronically. Parents are responsible for submitting the Income Verification documents, not the private school. Contact the Office of Nonpublic Educational Options at 614-728-2743, or by email at edchoice@education.ohio.gov or cleveland.scholarship@education.ohio.gov, if you have any questions.