



### **What's In This Month's Issue:**

- Principal's Welcome Letter
- Principal Corner
- Drop Off Procedure
- Pick up Procedure
- School Calendar
- Dress Code
- School Supply List
- Bully Free School Form
- School Supply List
- School Meal Application
- Special Diet Accommodation Form
- POR Document Requirement





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1586 Center Road, Hinckley, Ohio, 44233 | 330.505.1558 | [Hinckleyprep.org](http://Hinckleyprep.org)

Dear Parents and Guardians,

It is both an honor and a pleasure to welcome you to the 2025–2026 school year. I hope you had a restful and enjoyable summer break. I am incredibly proud to introduce myself as the new principal of Hinckley Preparatory Academy, and I am excited to support our students, staff, and families as we begin another year of learning and growth.

We are thrilled to begin our third year as a school community. I am proud to share that Hinckley Preparatory Academy has achieved the highest academic performance ranking in the state, based on our exceptional Performance Index score for the 2024–2025 school year. This achievement is a reflection of the hard work and dedication of our students, staff, and families. We look forward to continuing this success in the year ahead.

To our returning families, welcome back. To those joining us for the first time, welcome to the Hinckley family. We remain committed to fostering a nurturing, inclusive, and academically rigorous environment where every student can thrive socially, emotionally, and intellectually.

With the support of our passionate and skilled educators, we will continue to implement our signature academic Blitz programming. This program is designed to promote academic excellence while also cultivating leadership, character, and a lifelong love of learning. Our goal remains to provide a well-rounded educational experience that prepares students for continued success.

As your new principal, I strongly believe that student success is built on a solid partnership between home and school. I am committed to building meaningful relationships and maintaining open and ongoing communication with all our families. Throughout the year, there will be opportunities to connect with me before and after school to celebrate achievements, share updates and ideas, and address any concerns. I also encourage consistent communication with your child's classroom teacher, as collaboration is essential to student success.

Thank you for your trust and continued partnership. It is a privilege to be a part of your child's educational journey. I am confident that the 2025–2026 school year will be filled with discovery, growth, and achievement for every student.

Warm regards,  
Emily Benni, M.Ed.  
Principal, Hinckley Preparatory Academy

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**Hinckley Preparatory Academy mission is to be the best we must grow each day, ultimately allowing us to achieve the future that we dream of. Go Knights!**

## From the Principal's Desk



Dear Families,

Effective communication and meaningful partnerships are essential to building a strong, healthy relationship between families and the school. With this in mind, I am pleased to present a series of events and programs designed to strengthen our connection and foster a more engaged and supportive school community.

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**Coffee and Conversation with the Principal-** *7am, the last Thursday of each month in the library!* 🍪

**Academic Updates and Happenings Communication**, to get up to date on the happenings of the week per grade level- *occurs weekly in an email from Principal (Fridays).* 🏡

**Muffins with Ms. And Doughnuts with Dudes!** Great opportunity for parents and guardians to have a special breakfast with their students! *Occurring this winter- specific dates to be announced after winter break, stay tuned!* 🍩 🍪

**School Community Events** include meals, a movie night, family dance, and more. Stay tuned for dates and details (recommendations are always welcome!

## Special Events- Mark your Calendar!



- **Back to School Night!** We encourage all families to attend this important and informational event about the upcoming school year. This is also a great time to bring your child's school supplies to school. *Thursday, August 7<sup>th</sup>, 4:30-5:45pm.*
- First Session of **Coffee and Conversation:** August 26<sup>th</sup>, 7am
- *November 26<sup>th</sup>*, **Thanksgiving Feast** for the entire family!
- *December*, right before break, **Holiday Lunch Party!**
- **Blitz:** *April 6<sup>th</sup>- May 8<sup>th</sup>*  
(please, no family vacations during this time)
- **Blitz Field Trips:** *May 13<sup>th</sup>-16<sup>th</sup>*
- **Kindergarten Graduation:** Monday, *May 18<sup>th</sup>*, 2026, 10:30am

**More events will be announced  
in the fall- stay tuned.**



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### Safe Drop-Off Procedures:

To ensure a smooth and secure arrival for all students, we kindly ask that parents and guardians park in a designated parking spots when dropping off their child. Students should then exit the vehicle safely and proceed to the school entrance with a guardian.

Please do not stop in the drive-through lane to drop students off. This creates a safety hazard and blocks the flow of traffic for others. Parking and walking your child or allowing them to walk from a parking spot is the safest and most efficient method.



### Late Arrivals:

If your child arrives after 7:40 AM, they will need to enter through the front doors and buzz in to be let into the building.

**At 7:45 students will be LATE and must be signed in.**

This ensures that we can monitor who is entering the school and maintain a secure environment for everyone.

### Drop off Time:

**7:30AM -7:40AM**

By working together and following these simple steps, we can maintain a safe and organized start to the school day for all of our students.

**Hinckley Preparatory Academy mission is to be the best we must grow each day, ultimately allowing us to achieve the future that we dream of. Go Knights!**



# Hinckley Preparatory Academy | 2025-2026 CALENDAR

04 Independence Day

JULY '25						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JANUARY '26						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

1-2 No School- Winter Break  
 5 Students Return  
 19 No School- M.L. King Day  
 27-29 Parent-Teacher Conferences  
 30 No School- Professional Development

18 Instructional Days

4-8 Teacher Pre-Service  
 11-12 Teacher Workdays  
 13 First day of School

AUGUST '25						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY '26						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

16 No School- Presidents' Day  
 27 No School- Professional Development

18 Instructional Days

01 No School- Labor Day  
 26 No School- Professional Development

SEPTEMBER '25						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MARCH '26						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

13 No School Buzzard Day Prep  
 16-19 Parent-Teacher Conferences  
 16-20 No School- Spring Break

16 Instructional Days

6-9 Parent-Teacher Conferences\*  
 13 Indigenous People's Day  
 13-31 Third Grade Fall Testing Window \*tentative\*  
 24 No School- Professional Development

OCTOBER '25						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL '26						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

3 No School Good Friday  
 7-8 ELA Ohio State Tests \*tentative\*  
 21-22 Math Ohio State Tests \*tentative\*  
 28-29 Science Ohio State Tests \*tentative\*

21 Instructional Days

11 Veterans Day  
 26 No School- Professional Development  
 27-28 No School- Thanksgiving Break

NOVEMBER '25						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MAY '26						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

18 Kindergarten Graduation (last day)  
 19 6th Grade Graduation  
 21 Last Day of School

15 Instructional Days

88 Instructional Days Jan-May

175 Total Instructional Days  
 1,207.5 Instructional Hours

22-31 No School- Winter Break

DECEMBER '25						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE '26						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

19 Juneteenth

15 Instructional Days

87 Instructional Days Aug-Dec

**All dates are TENTATIVE and subject to change**

July

4 Independence Day

August

4-8 Teacher Pre-Service

11-12 Teacher Workdays

13 **First Day of School**

September

1 **No School:** Labor Day

26 **No School:** Professional Development

October

6-9 Parent-Teacher Conferences  
\*Afterschool (3:30-6:30)

13-31 Third Grade Fall OST Testing Window

24 **No School:** Professional Development

November

26 **No School:** Professional Development

27-28 **No School:** Thanksgiving Break

December

22-31 **No School:** Winter Break

January

1-2 **No School:** Winter Break

5 **Students Return**

19 **No School:** MLK Jr. Day

20-22 Parent-Teacher Conferences  
or 27-29

30 **No School:** Staff Professional Development

February

16 **No School:** Presidents' Day

27 **No School:** Staff Professional Development

March

3 **No School:** Good Friday

13 **No School:** Buzzard Day Prep

9-12 Parent-Teacher Conferences

16-20 **No School:** Spring Break

April

7-8 OST ELA Part I and Part II

21-22 OST Math Part I and Part II

28-29 OST Science Part I and Part II (Grade 5)

May

18 Kindergarten Graduation (Last Day)

19 6<sup>th</sup> Grade Graduation

20 Field Day

21 **Last Day of School**

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\*Afterschool conference time will be made up by having Nov. 26 off



## HINCKLEY PREPACADEMY

An ACCEL School for Competitive Sports and Academics

1586 Center Rd, Hinckley, OH 44233

Email: [info@Hinckleyprepacademy.org](mailto:info@Hinckleyprepacademy.org)

Phone: (330) 505-1558

Fax: (330) 706-6906

## Dress Code

### Girls

- Red, black, gray, or white solid-colored polo shirt (long or short sleeve); undergarments must also be solid colored (e.g., t-shirts).
- Black, or khaki skirts, skorts, jumpers, or slacks. NO COLORED DENIM may be worn. Skirts, skorts, and jumpers must be knee length. No floor length dresses, jeans, sweatpants, overalls, leggings, or jeggings. Uniform shorts may be worn during the months of April through September only; Uniform shorts are black, or khaki and must be knee length.
- Black or brown belts must be worn with slacks with belt loops.
- Dress shoes or plain white, black, or school color tennis shoes may be worn. – No, moccasins, sandals, or boots; shoes must be closed toed shoes. Girls may not wear high heels.

### Boys

- Red, black, gray or white solid-colored polo shirt (long or short sleeve); undergarments must also be solid colored (e.g., t-shirts);
- Black, or khaki slacks. NO COLORED DENIM may be worn. No jeans or sweatpants. Uniform shorts may be worn during the months of April through September only.
- Black or brown belts must be worn around the waist (no “sagging”).
- Dress shoes or plain white, black, or school color tennis shoes may be worn. – No deck shoes, moccasins, sandals, or boots; shoes



Dear Family of Hinckley Prep,

As more fully set forth in the school's Policy on Harassment, Intimidation and Bullying, and Title IX, including by an electronic act, and attached as Appendix 2 to this handbook, harassment, intimidation, or bullying behavior is strictly prohibited, and students who are determined to have engaged in such behavior are subject to disciplinary action, which may include counseling, suspension, or expulsion from school.

The school's commitment to addressing harassment, intimidation, and bullying, however, involves a multifaceted approach, which includes education and the promotion of a school atmosphere in which this behavior will not be tolerated by students, faculty, or school personnel.

It is imperative that harassment, intimidation, and bullying be identified only when the specific elements of the definition are met, because the designation of the conduct of such behavior carries with its special statutory obligations. Any misconduct by one student against another student or staff, whether or not appropriately defined as harassment, intimidation, or bullying will result in appropriate disciplinary consequences for the perpetrator

Please sign and return to the school understanding we are a bully free school zone.

Student Name: \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_



**Ohio Department of Education and Workforce  
Office of Nutrition  
National School Lunch Program**

**SCHOOL MEAL APPLICATION AND  
SHARING OF APPLICATION INFORMATION FORMS  
for the 2025-2026 Program Year**

1

## Frequently Asked Questions About Free and Reduced-Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. The Hinkley Preparatory Academy healthy meals each school day. Breakfast costs \$2.25 and lunch costs \$3.75. **Your children may qualify for free meals or for reduced-price meals thru the State of Ohio.** The State will reimburse the school for any student that qualifies based on income. This packet includes an application for free or reduced-price meal benefits and detailed instructions. Below are some common questions and answers to help you with the application process.

**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 federal income eligibility guidelines limits.

INCOME ELIGIBILITY GUIDELINES 2025-2026			
Household size	Yearly	Monthly	Weekly
1	\$28,953	\$2,413	\$557
2	39,128	3,261	753
3	49,303	4,109	949
4	59,478	4,957	1,144
5	69,653	5,805	1,340
6	79,828	6,653	1,536
7	90,003	7,501	1,731
8	100,178	8,349	1,927
Each additional Person:	10,175	848	196

1. **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 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 **Katie Laugesen** at [klaugesen@hinckleyprep.org](mailto:klaugesen@hinckleyprep.org) or **(330) 505-1558** to see if they qualify.
2. **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 Katie Laugesen, 1586 Center Rd, Hinckley, OH 44233, (330) 505-1558**
3. **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 **Katie Laugesen, 1586 Center Rd, Hinckley, OH 44233, (330) 505-1558** immediately.
4. **Can I apply online?** No.
5. **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 start of this school year. You are required to submit a new application unless the school notified you that your child is eligible for the new school year.
6. **I receive Women, Infants and Children (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 submit a completed application.
7. **Will the information I give be checked?** Yes, we also may ask you to send written proof.

8. **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.
9. **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: **Katie Laugesen, 1586 Center Rd, Hinckley, OH 44233, (330) 505-1558**
10. **May I apply if someone else in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced-price meals.
11. **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.
12. **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 corresponding 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.
13. **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 also is excluded from income.
14. **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 **Katie Laugesen, 1586 Center Rd, Hinckley, OH 44233, (330) 505-1558** to receive a second application.
15. **Why am I being asked to give my consent for an instructional fee waiver?** Ohio public schools are required to waive the school instructional fees for children that qualify for free meal benefits. School food service personnel must have parent consent to share the student meal application if your child(ren) qualify for a fee waiver. If you agree to allow your child(ren)'s meal application to be shared with school officials to see if they qualify for a fee waiver then select **yes** in part 5. If you do not wish for that information to be shared, then select **no** in part 5. Answering no to this question will mean your child will not be considered for a fee waiver. Answering this question either way will not change your child(ren)'s free or reduced-price meal eligibility.
16. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for Ohio Supplemental Nutrition Assistance Program (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) 505-1558

*Si necesita ayuda, por favor llame al teléfono: (330) 505-1558*

*Si vous voudriez d'aide, contactez nous au numéro: (330) 505-1558*

Sincerely,  
**Katie Laugesen**

## 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-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:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

**Part 6:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 7:** 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 **Katie Laugesen at [klaugesen@hinckleyprep.org](mailto:klaugesen@hinckleyprep.org) or (330) 505-1558**. If not, skip this part.

**Part 4:** Complete only if a child in your household is not eligible under Part 3. See Instruction for all other households.

**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

**Part 6:** Sign the form. The last four digits of a Social Security Number are **not** necessary if you did not need to complete in part 4.

**Part 7:** 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 APPLY 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 that indicates the child is a foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

**Part 6:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 7:** 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 children in the household are foster children:**

**Part 1:** List all household members and the school name and school 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 7-digit SNAP or OWF 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 **Katie Laugesen at [klaugesen@hinckleyprep.org](mailto:klaugesen@hinckleyprep.org) or (330) 505-1558**. 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 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, FDIPIR, 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:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

**Part 6:** 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 does not have one).

**Part 7:** 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.

**ALL OTHER HOUSEHOLDS (INCLUDING WIC HOUSEHOLDS) FOLLOW THESE INSTRUCTIONS:**

**Part 1:** List all household members and the school name and grade level for each child. For any person, including children, with no income, you must check the "No Income Box."

**Part 2:** If the household does not have a 7-digit SNAP or OWF 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 **Katie Laugesen at [klaugesen@hinckleyprep.org](mailto:klaugesen@hinckleyprep.org) or (330) 505-1558**. 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 box to note how often the person receives the income - weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income - not take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on 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:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

**Part 6:** An 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 does not have one).

**Part 7:** 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.

## 2025-2026 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

<b>Part 1. ALL HOUSEHOLD MEMBERS</b>				
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school.		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.	Check if No Income
	School	Grade	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. BENEFITS:** If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 7-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-DIGIT CASE NUMBER: \_\_\_\_\_

**Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Katie Laugesen at [klaugesen@hinckleyprep.org](mailto:klaugesen@hinckleyprep.org) or (330) 505-1558**  
 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.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (Indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
<b>(Example) Jane Smith</b>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00/ quarterly
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____/____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____/____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____/____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____/____

**Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT:** Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals.  
 Please check a box:  **Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.**  
 **No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.**  
 Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 6. 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 7. 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:	Choose one or more (regardless of ethnicity):
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> American Indian or Alaska Native
	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> White
	<input type="checkbox"/> Native Hawaiian or other Pacific Islander

<b>Do not complete this section. Intended for school use only.</b>			
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12			
Total Income: _____	Per: Week, Every 2 Weeks, Twice per Month, Month, Year	Household size: _____	
Categorical Eligibility: ___	Date Withdrawn: _____	Eligibility: Free ___ Reduced ___ Denied ___	Reason: _____
Determining/Approval Official's Signature: _____		Date: _____	
Confirming Official's Signature: _____		Date: _____	
Follow-up Official's Signature: _____		Date: _____	
If selected for Verification, Date Verification Notice Sent: _____ Response Date: _____ 2 <sup>nd</sup> Notice Sent: _____ Results Sent: _____			
Verification Result: No Change ___ Free to Reduced Price ___ Free to Paid ___ Reduced Price to Free ___ Reduced Price to Paid ___			

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

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

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

INCOME ELIGIBILITY GUIDELINES 2025-2026			
Household size	Yearly	Monthly	Weekly
1	\$28,953	\$2,413	\$557
2	39,128	3,261	753
3	49,303	4,109	949
4	59,478	4,957	1,144
5	69,653	5,805	1,340
6	79,828	6,653	1,536
7	90,003	7,501	1,731
8	100,178	8,349	1,927
Each Additional Person:	10,175	848	196

**USDA Nondiscrimination Statement**

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, **AD-3027**, found online at [How to File a Program Discrimination 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, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

*USDA is an equal opportunity provider, employer, and lender.*



# Special Diet Accommodation Form

### Why am I being asked to complete this form?

Institutions or organizations who sponsor and operate a federally funded Child Nutrition Program must make reasonable substitutions to meals and/or snacks on a case-by-case basis for participants who are considered to have a disability that restricts their diet. \* According to the ADA Amendments Act, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will constitute a disability. Sponsors are not required to accommodate special dietary requests that are not a disability. This includes requests related to religious or moral convictions or personal preference. If these requests are accommodated, sponsors must ensure that all USDA meal pattern and nutrient requirements are met. **This form must be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner.** Updates to this form are required only when a participant's needs change.

### Part A: To be completed by parent/guardian

Student's full name:	Student's birthdate:
Parent/Guardian Name:	
Phone #:	Email address:
<b>VOLUNTARY AUTHORIZATION:</b>	
Note to parent(s)/guardian(s)/participant: You may allow the director of the school to talk with the medical authority about this Special Diet statement by signing the Voluntary Authorization section below:	
<b>IN ACCORDANCE WITH THE PROVISIONS OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996 AND THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA), I HEREBY AUTHORIZE _____ (NAME OF CHILD'S RECOGNIZED MEDICAL AUTHORITY) TO RELEASE SUCH PROTECTED HEALTH INFORMATION OF MY CHILD AS IS NECESSARY FOR THE SPECIFIC PURPOSE OF SPECIAL DIET INFORMATION TO _____ (NAME OF SCHOOL DISTRICT) AND I CONSENT TO ALLOW THE RECOGNIZED MEDICAL AUTHORITY TO FREELY EXCHANGE THE INFORMATION LISTED ON THIS FORM AND IN MY CHILD'S RECORDS WITH THE SCHOOL DISTRICT AS NECESSARY. I UNDERSTAND THAT I MAY REFUSE TO SIGN THIS AUTHORIZATION WITHOUT IMPACT ON THE ELIGIBILITY OF MY REQUEST FOR A SPECIAL DIET FOR MY CHILD. I UNDERSTAND THAT I MAY RESCIND PERMISSION TO RELEASE THIS INFORMATION AT ANY TIME, EXCEPT WHEN THE INFORMATION HAS ALREADY BEEN RELEASED.</b>	
Signature of parent or guardian: _____ Date: _____	

### Part B: To be completed by authorized professional

Please complete the section below on child's special dietary requirements. Be specific as possible and please attach any additional instructions on a separate sheet as applicable.

- 1) State the physical or mental condition/impairment(s) that affects student's diet (required):
  
- 1) Describe how the physical or mental condition/impairment(s) listed restricts the student's diet (required):

### 2) List foods to be omitted and substituted. Attach a sheet with additional instructions as needed.

Foods to be Omitted	Foods to be Substituted (Avoid specific brand names if possible)

**Additional Modifications (complete as applicable):**

**Texture Modification (if applicable):**

List foods that need the following change in texture. If all foods to be prepared in this manner, indicate "all"

Pureed:

Ground:

Chopped/cut up into bite size pieces:

**Liquid Consistency (if applicable):**

Pudding Thick    Honey Thick    Nectar Thick    Other (Please describe):

**Adaptive Equipment (if applicable):**

List any special equipment or utensils that are needed:

**Additional instructions/comments:**

**REQUIRED SIGNATURE:**

This form must be signed by a licensed physician, physician assistant, or advanced practice registered nurse. The medical authority should retain a copy of this document for their records.

Prescribing Authority Name & Credentials (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office/Clinic/Hospital Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**USDA Non-discrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

**2. fax:**

(833) 256-1665 or (202) 690-7442; or

**3. email:**

[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

**This institution is an equal opportunity provider.**



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1586 Center Road, Hinckley, Ohio, 44233 | 330.505.1558 | Hinckleyprep.org

## **Proof of Residency** **Acceptable Documents**

- A deed, mortgage, lease, current homeowner's or renter's insurance declaration page, or current real property tax bill;
- A utility bill or receipt of utility installation issued within 90 days of enrollment;
- A paycheck or paystub issued to the parent or student within 90 days of the date of enrollment that includes the address of the parent's or student's primary residence;
- The most current available bank statement issued to the parent or student that includes the address of the parent's or student's primary residence;
- Documented affirmation of address of student's parent(s) from district of residence where parent(s) currently resides;
- Notarized affirmation from parent(s) or student(s) if over 18-years of age of current residence address;
- USPS return receipt from certified letter sent to parent(s) by district of residence;
- Written confirmation from the Department of Job and Family Services of current address of the parent(s)

Thank You,

Hinckley Preparatory Academy

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**Hinckley Preparatory Academy mission is to be the best we must grow each day, ultimately allowing us to achieve the future that we dream of. Go Knights!**