



# Application for Admission 2023-24

Date of Enrollment \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School district where you live and your neighborhood school \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Student Social Security Number \_\_\_\_\_ Male  Female

### Ethnicity

American Indian   
Hispanic

Asian/Pacific Islander   
White, Non-Hispanic

Black   
Bi-Racial

### Migrant or Homeless Status

Is this student, parent(s), guardians or spouse a migratory worker? Yes  No

Does this student lack a fixed, regular or adequate nighttime residence? Yes  No

### Native Language

Is English this student's native language? Yes  No

If no, what is the native language of the student? \_\_\_\_\_

School last attended \_\_\_\_\_

Does a court order exist concerning custody of this student? Yes  No

Which parent(s) or guardian(s) does the student live with? \_\_\_\_\_

<b>Name of Father or guardian</b>	
Father's Cell Phone	
Father's e-mail	
<b>Name of mother or guardian</b>	
Mother's Cell Phone	
Mother's e-mail	



## Application for Admission 2023-24

Has the student ever repeated a grade?	Yes		No	
If yes, which grade and why?				
Has the student ever been suspended, expelled or had disciplinary difficulty in school?	Yes		No	
If yes, please describe:				
Does the student have any physical difficulties we need to provide for?	Yes		No	
If yes, please explain:				
Has the student been referred to/or tested for learning disabilities, ADHD or emotional difficulties? If yes, please attach a copy of the test result.	Yes		No	
Does the student have an IEP?	Yes		No	
Does the student have a 504 Plan?	Yes		No	
Does the student receive government aid?	Yes		No	
Current food stamp (SNAP) Case Number (if applicable):				
Current TANF case number (if applicable):				

**If parents cannot be reached in case of an emergency, school officials should notify:**

<b>Name</b>	
Relationship	
Address	
Phone Number	
<b>Physician</b>	
Phone Number	



# Request for Student Records

\_\_\_\_\_  
Name of the Previous School

I, the parent/legal guardian authorize to release the school records of:

Name of Student	
Street Address	
City/State/Zip Code	
Date of Birth	
Phone Number	
Present Grade	
Student SSN	

You are authorized to release the records listed below to:  
**Focus Learning Academy of Central Columbus (IRN 019235)**  
 2775 Cleveland Ave.  
 Columbus, Ohio 43224  
 Phone: (614) 696-9060  
 Fax: (614) 745-1800

**Reason for request:** Student applied for enrollment at Focus Learning Academy of Central Columbus

**Specific records/date to be released:**

Directory Information	<input checked="" type="checkbox"/>
Permanent/Cumulative Records	<input checked="" type="checkbox"/>
Health Records	<input checked="" type="checkbox"/>
Proficiency Records	<input checked="" type="checkbox"/>

Pupil Personnel services/Special	<input checked="" type="checkbox"/>
Copy of Birth Certificate	<input checked="" type="checkbox"/>
IEP/MFE	<input checked="" type="checkbox"/>
SSID	<input checked="" type="checkbox"/>

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If you are unable to send official transcripts due to previous obligations that the student may have incurred please forward an unofficial copy of the student's transcripts.

**\*\*\*IMPORTANT INFORMATION\*\*\* This student has been entered into the SOES website, please withdraw the day prior to this enrollment date: \_\_\_\_\_**



# Emergency Medical Form 2023-24

**Purpose:** to enable the parent/guardian to authorize the provision of emergency treatment for students who become ill or injured while under school authority when a parent or guardian cannot be reached. This information will be shared with staff and emergency care providers if needed.

Student Name			
Date of Birth			
Home Address			
Parent/Guardian with whom the student lives			
Father – Cell Phone		Mother – Cell Phone	
Father – Work Phone		Mother – Work Phone	

**Medical History:**

Does the student have any allergies?	Yes		No	
If yes, what are they allergic to?				
Does the student have any medical conditions?	Yes		No	
If yes, what are the conditions?				
Does the student take any medication?	Yes		No	
If yes, what medications?				

**Emergency Contact Information:** in the event you cannot be reached, list two (2) people whom you authorize the school to release your ill or injured child to.

Name		Name	
Relationship		Relationship	
Address		Address	
Cell Phone		Cell Phone	
Work Phone		Work Phone	



# Emergency Medical Form 2023-24

**Sign under ONE of the following options regarding care for your child if you CANNOT be reached:**

**Option 1 - Consent for Treatment:** If my child is ill or injured and I can not be reached, I hereby give consent for the following medical providers to be notified:

Doctor		Phone	
Dentist		Phone	
Specialist		Phone	
Hospital		Phone	

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the above-named doctor, 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 any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Option 2 - Refusal to Consent for Treatment:** If my child is ill or injured and I can not be reached, I DO NOT give consent for my child to get medical care/treatment.

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school to take the following action:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Title I Household Survey

The state of Ohio requests that Focus Learning Academy collect the following information for purposes of school funding. This information will only be used for verifying eligibility of State and Federal funds for students in need. Please assist us in keeping our records as accurate as possible so we can better serve your child.

Student Name \_\_\_\_\_  
First Middle Last  
Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female

Check the box next to the number of people in your household.

Number in Household	Annual total Household Income
1	\$25,142
2	\$33,874
3	\$42,606
4	\$51,338
5	\$60,070
6	\$68,802
7	\$77,534
8	\$86,266
More than 8	Add additional \$8,732 for each household member

Income guidelines 185% effective 7/1/22 - 6/30/23

Is your total household income LESS THAN the amount listed on the same line? Yes  No

The State of Ohio requests the following information on each child you enroll at Focus Learning Academy:

Foster Child	Yes	No	
Welfare Recipient	Yes	No	
Food Stamp (SNAP) Recipient	Yes	No	
Ward of the Court	Yes	No	

School district you currently live in \_\_\_\_\_

School district you lived in last year \_\_\_\_\_

Was the student home schooled last year? Yes  No

I certify that the above information is true/correct and that all household income is reported. I understand that this information is being given for the receipt of State and Federal Funds and school officials may verify the information on this form.

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**Title I Household Information: The following must be completed by the head of household**

- Size of Family:** the total number of people living in your household, including all adults and children \_\_\_\_\_
- Student Information:** Complete for each student Pre-K through Grade 12

Student First Name	Student Last Name	Birth Date (mm/dd/yy)	School	H : Homeless M: Migrant R: Runaway F: Foster
1				
2				
3				
4				
5				
6				
7				
8				

- Total Monthly Household Income:** Report income for all members of the household excluding foster children. If you have reported a case (TANF or SNAP) number on page 1 please do not complete this section → Go to section 4

Type of Income	Income	Circle if there is no income
1. Gross monthly earnings: wages, salary, commissions	\$	None
2. Monthly welfare payments, child support, alimony	\$	None
3. Monthly payments from pensions, retirement and social security	\$	None
4. Monthly dividends or interest on savings	\$	None
5. Monthly workers compensation, unemployment, strike benefits	\$	None
6. Other monthly income (SSI, VA, Disability, Farm, other)	\$	None
<b>TOTAL monthly Household Income (add lines 1-6)</b>	\$	None

- SIGNATURE** – If income section is completed, the adult signing the form must also list the last 4 digits of his/her Social Security number or check the 'I do not have a Social Security Number' box below

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

Print Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number : XXX-XX-\_\_\_\_\_ I do not have a Social Security Number

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_



# Immunization Disclosure Form

Student Name \_\_\_\_\_  
   First  Middle  Last

I hereby authorize \_\_\_\_\_ (name of provider) to disclose the specific and individually identifiable immunization records of the named student to Focus Learning Academy of Northern Columbus.

For the specific purpose of presenting written evidence for the purpose of admission, the above named student has been immunized by a method of immunization approved by the Ohio Department of Health as required by section 3313.671 of Ohio Revised Code.

This authorization will expire upon the presentation of written evidence sufficient to comply with section 3313.671 of the Ohio Revised Code for the period of time needed to fulfill its purpose. I also understand that I may revoke this authorization, in writing, at any time and that I may be asked to sign the Revocation Section at the bottom of this page. I further understand that any action taken by the above named provider of school accordance to this authorization prior to it being revoked is legal and binding.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services or my eligibility for benefits; however, if services are requested by a non-treatment provider (i.e. insurance company) for the sole purpose of creating health information (i.e. physical exam) service may be denied if authorization is not given.

I understand that my information may not be protected from re-disclosure by the requester of the information unless otherwise provide for by the state or federal law.

PLEASE NOTE: Medical records provided to schools that receive federal funding are protected by the Family Educational Rights and Privacy Act (FERPA).

I also understand that my refusal to sign this authorization may prevent the school from verifying the above named student has been immunized. I further understand that if the school cannot verify and cannot provide satisfactory written evidence that the above named child has been immunized, the student may be excluded from school pursuant to Section 3313.671 of the Ohio Revised Code.

I understand that I may receive a copy of this signed authorization.

\_\_\_\_\_

Parent/Guardian Printed Name

\_\_\_\_\_

Parent/Guardian Signature

Date

Office use only:

Authorization was revoked on: \_\_\_\_\_

Date

Staff Signature





# Likeness Release Form

I give Focus Learning Academy of Central Columbus (affiliates) permission to use my child's photo image or likeness in a publication or in a graduation photo that will be used for the purpose of promoting Focus Learning Academy of Central Columbus.

The permission and authorization to use the child's photo, image and likeness is voluntary and without consideration of any kind.

---

Parent/Guardian Printed Name

---

Parent/Guardian Signature

Date



# STUDENT/PARENT CONTRACT 2023-24

We value your role in working to help your student achieve success in school. The following is a contract that outlines some of the way you and the school's staff can build and maintain a partnership to share in the responsibility of supporting your student's learning.

## School Responsibility

Focus Learning Academy will provide high quality curriculum and instruction in a supportive and effective learning environment that helps students meet Ohio's academic achievement standards. These standards are to provide:

- A variety of high-quality curriculum and learning materials
- Assistance in understanding academic achievement standards, assessments, and how to monitor students progress
- Opportunities for ongoing communication between families and teachers through:
  - Conferences between parents and teachers
  - Frequent reports regarding your student's progress
  - Parent access to their student's grade books
  - Parent access to their students courses and other learning resources

Focus Learning Academy will work to foster the parent/student/school relationships by:

- Being proactive in communicating with parents
- Providing parents and students flexibility (within reason) in scheduling their work
- Offering parents a variety of times and modes for communicating with school staff

## Parent/Guardian Responsibility

We, as parent/guardian will share the responsibility to improve our students academic achievement by:

- Encouraging my child to attend school on a regular basis
- Encouraging my student to show positive work behavior
- Reviewing my child's school work, grade book and grades frequently
- Frequently checking my child's e-mail messages through the school system website
- Volunteering on school committees if my time/schedule permits
- Attending conferences with the teacher and participating in decisions relating to the education of my child
- Providing a learning environment for my child that is distraction free
- Structuring and scheduling a study time and giving my child time to complete school assignments
- Participating in my child's learning activities
- Setting aside 15 minutes/day for my child to read self-selected materials

## Student Responsibility

We, as students, will share the responsibility to improve our academy achievement by:

- Coming to school each day ready to learn
- Committing to work, learn and do my best
- Completing my schoolwork in a structured environment and setting up a daily schedule for completing my work
- Asking for help from school staff immediately when needed
- Completing the number of required hours for school activity each week
- Using my school time effectively to complete classroom projects and learn

Please review this Student/Parent contract with your student. This Student/Parent contract may be discussed with you during conferences with the school as it relates to your child's educational plan. Thank you for your support and involvement with your child's education.

Please sign your name and date below. This will indemnify that you and your student adhere to the Student/Parent contract.

---

Parent/Guardian Name

Parent/Guardian Signature

Date



## Notice of Parents Right-to-Know

Every Student Succeeds Act (Public Law 114-95, Section 1112 (e) (1) (A))

February 2, 2023

Dear Parent/Guardian,

You have the right to know about the teaching qualifications of your child's classroom teacher in a school receiving Title I Funds. The federal 'Every Student Succeeds Act' (ESSA) requires that any school district receiving Title I Funds must notify parents of each student that they may request, and the district will provide the parents (and in a timely manner), information regarding the professional qualifications of the students classroom teachers, including at minimum, the following:

1. Whether the teacher has met State qualification and licensing criteria for the grade levels and subject levels in which the teacher provides instruction
2. Whether the teacher is teaching under emergency or other provisional status through which State qualification or licensing criteria have been waived
3. Whether the teacher is teaching in the field of discipline of the certification of the teacher
4. Whether your child is provided services by paraprofessionals and, if so, their qualifications

You may ask for the information by returning this letter to the address listed above or you may e-mail your request. Be sure to give the following information with your request:

Student Name	
Parent/Guardian Name	
Address	
City, State, Zip Code	
Teacher's Name	

Sincerely,

A handwritten signature in black ink that reads "Abdirizak Farah".

Abdirizak Farah



**Focus Learning Academy of Central Columbus**  
1880 E. Dublin Granville Rd., Columbus, Ohio 43229  
P: 614-547-0920 F: 614-547-0924  
Abdirizak Farah, Superintendent  
Travis Budd, Assistant Superintendent

Dear Parents and Guardians,

This year, students will be using a variety of online web applications as a resource to enhance their learning experience. Although these applications are widely used by the education community and support their use in K-12 institutions, their Terms of Service state that due to Federal Law any users under the age of 13 must obtain explicit parental permission to use their sites.

All websites and tools have been and will continue to be thoroughly examined by experienced educators and are used commonly in education today, but new tools arise everyday. Some common tools that your children may encounter and use are, but not limited to:

- Educational Websites: Such as Zearn Math, RAZ Kids, Prodigy, Khan Academy, NWEA MAP Test, Exact Path and any other educational websites that are approved by the school's principal
- Networks: A networking site is a place where teachers and students can communicate, collaborate and share content. Examples include email and cloud file storage and sharing
- Google Apps: An online suite of productivity and digital tools
- Podcasts: A podcast is a digital audio file that is distributed over the Internet for playback
- Videos: A video is a recording displaying moving images and audio. Digital video files can incorporate photos, voiceovers and music

As these sites are instrumental in the development of curriculum, we are asking that you and your child please review the permission form below and complete it. Should your expectations change, we must be notified in writing. If you do not give your child permission to use these web tool applications, an alternative assignment will be provided.



**Focus Learning Academy of Central Columbus**  
1880 E. Dublin Granville Rd., Columbus, Ohio 43229  
P: 614-547-0920 F: 614-547-0924  
Abdirizak Farah, Superintendent  
Travis Budd, Assistant Superintendent

### **Student Information**

- Students are responsible for good behavior/character online just like they are in our school building. Students are not permitted to use disrespectful language. Students should notify the teacher of anything inappropriate. Bullying will not be tolerated.
- Copyright infringement occurs when an individual reproduces a work without permission that is protected by a copyright. If the user is unsure whether or not they can use it, they should request permission from the copyright owner.
- All use of these tools must be used in accordance with the Acceptable Use Policy of the school, even if you do the work outside of school on your own device.

### **Parent Information**

**Child Internet Protection Act:** The school is required by CIPA to have technology measures and policies in place that protect students from harmful materials including those that are obscene and pornographic. Any harmful content from inappropriate sites will be blocked.

**Children's Online Privacy Protection Act:** COPPA applies to commercial companies and limits their ability to collect personal information from children under the age of 13. By default, Google advertising is turned off for Apps for Education users. No personal student information is collected for commercial purposes. This permission form allows the school to act as an agent for parents in the collection of information within the school context.

**Family Educational Rights and Privacy Act:** FERPA protects the privacy of student education records and gives parents the right to review student records. Under FERPA, schools may disclose directory information (name, phone, address, grade level, etc.) but parents may request that the school not disclose this information.

- The school will not publish confidential education records (grades, student ID #, etc.) for public viewing on the internet. The school may publish student work and photos for public viewing but will not publish student last names or other personally identifiable information
- Parents may request that photos, names and general directory information about their children not be published. Parents have the right at any time to investigate the contents of their child's email or web tools.



**Focus Learning Academy of Central Columbus**  
1880 E. Dublin Granville Rd., Columbus, Ohio 43229  
P: 614-547-0920 F: 614-547-0924  
Abdirizak Farah, Superintendent  
Travis Budd, Assistant Superintendent

### **Internet Use Permission Slip : K-8**

I have read the permission slip, Student Handbook and Acceptable Use Policy (AUP) form; I understand if a student breaks any of the rules of this agreement or the school's AUP, student consequences will be given.

\_\_\_\_\_ **YES**, I give permission for my student to use these web tools to enhance the learning experience.

\_\_\_\_\_ **NO**, I do not give permission to use these web tools to enhance the learning experience.

Student Name Printed: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Appendix A: Language Usage Survey**

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____
<b>Communication Preferences</b> Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.	1. In what language(s) would your family prefer to communicate with the school? _____	
<b>Language Background</b> Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____	
<b>Prior Education</b> Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.	5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month      Day      Year	
<b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.	_____	
Parent/Guardian First Name: _____      Parent/Guardian Last Name: _____		
Parent/Guardian Signature: _____      Today's Date: <i>(mm/dd/yyyy)</i> _____		

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



(Appendix A, continued)

\*\*\*COMPLETED BY SCHOOL EMPLOYEE\*\*\*

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

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

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

<p><b>Student's native language</b> See Language Usage Survey Question 2 Report for <u>all</u> students in EMIS.</p>	_____
<p><b>Student's home language</b> See Language Usage Survey Question 3 Report <u>only</u> for English learners in EMIS.</p>	_____
<p><b>Potential English learner</b> See Language Usage Survey Questions 2-4.</p>	<input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.
<p><b>Immigrant student status</b> See Language Usage Survey Questions 5-7 Report for <u>all</u> students in EMIS.</p>	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.

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

Signature of validating school employee	Date (mm/dd/yyyy)
Printed name of validating school employee	Name of school or school district





# Transportation Procedure

## Focus Learning Academy of Northern/Central Columbus

\_\_\_\_\_ SCHOOL YEAR

*Please read important information on the reverse side before completing this form.*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

*(Family members can be placed on one form as long as their child care arrangements are the same.)*

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Child Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Week Day	Transport TO SCHOOL FROM: Transport FROM SCHOOL TO:	
Monday	<input type="radio"/> Home <input type="radio"/> Care Provider	<input type="radio"/> Home <input type="radio"/> Care Provider
Tuesday	<input type="radio"/> Home <input type="radio"/> Care Provider	<input type="radio"/> Home <input type="radio"/> Care Provider
Wednesday	<input type="radio"/> Home <input type="radio"/> Care Provider	<input type="radio"/> Home <input type="radio"/> Care Provider
Thursday	<input type="radio"/> Home <input type="radio"/> Care Provider	<input type="radio"/> Home <input type="radio"/> Care Provider
Friday	<input type="radio"/> Home <input type="radio"/> Care Provider	<input type="radio"/> Home <input type="radio"/> Care Provider

**Schedule must be the same each week**

Comments: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Start Date: \_\_\_\_\_



## Transportation Procedure

### Focus Learning Academy of Northern/Central Columbus



- If your child is transported to and/or from school at a location other than your designated home area bus stop, please complete the **TRANSPORTATION REQUEST FORM**.
- Requests for bus transportation from locations other than the student's home will be considered only if the location is in the same school attendance area as the student's home and is on an established bus route.
- Students will be assigned to bus stops only on a consistent basis. *For example: Parent works Wednesday, Thursday, Friday. Student will be brought home Monday and Tuesday and taken to the child care provider on Wednesday, Thursday and Friday.*  
**This schedule must be consistent.** We cannot honor requests for transportation that will vary each week.
- Requests for a change in transportation will become effective only after adequate time has been given to properly notify all persons concerned and make the necessary changes.
- Exceptions to the assigned transportation may be granted by building principals for emergencies such as illness in the family, parents out of town, etc. Requests for transportation changes for non-emergency reasons (working on school projects, staying overnight with a friend/family member, parent going shopping etc...) **will not be accepted**. Telephone requests will be taken in case of an emergency only. All other requests must be made by completing a 'Transportation Request Form' and submitting it to the Transportation Office. Notes requesting changes signed by parents will not be accepted by the bus drivers.
- Students will be permitted to ride only the bus to which they are assigned. In addition, they will be permitted to get on or off the bus **ONLY** at the stop to which they are assigned for safety reasons.
- Transportation Request Forms must be submitted **BEFORE** July 1<sup>st</sup> of **EACH** school year. Student bus stops revert back to the home location at the end of each school year. **Parents must submit a new transportation request annually.**

Complete the Transportation Request Form and return it to:

Focus Learning Academy of Northern/Central Columbus  
Transportation Coordinator:  
1900 East Dublin-Granville Rd  
Columbus, Ohio 43229  
Ph: 614-547-0920 x