

**2009-2010**

# **The Maritime Academy of Toledo**

*A School of Excellence for the New Millennium*

**Please Return This Registration Form To  
803 Water St, Toledo, OH 43604  
Or Fax to 419.244.9898 Phone: 419.244.9999**

Congratulations! We are excited that you have decided to enroll your student in The Maritime Academy of Toledo. Prior to official acceptance in The Maritime Academy of Toledo, your student must have the following copies on file with the School Office.

- Student's Birth Certificate**
- Student's Social Security Card**
- Student's Completed Immunization Record**
- Student's Proof of Residency (e.g. an official electric bill showing name and address)**
- Withdrawal Form from previous school (must have administrators signature)**
- Custodial Papers (if applicable)**
- Copy of Parent/Guardian Driver Licenses**
- Uniform fee of \$30.00 per cadet. (includes two uniform Academy logo shirts)**
- Enrollment Fee of \$15.00 per cadet for book fees, planner, and student ID with lanyard.**

Please note that your student is **not officially enrolled** until we receive all of the items listed above. You may mail, fax, or hand deliver the requested records to make sure that your student is guaranteed a position at the Academy. Please call the school office if have any questions. Thank you for your cooperation in getting your paperwork in order in a timely manner.

Sincerely,

*Captain Renee A. Marazon,*

Superintendent

**Student Checklist for \_\_\_\_\_**  
**Office Responsibility**

<b>Date Received</b>	<b>Student File Folders</b>
	Requested Student Files from prior school
	Received Student Files from prior school
	Quarter Reports / Parent Conference Reports
	Student Fees Paid
	Attended Parent / Student Orientation
<b>Date Received</b>	
	EMIS
	CSADM
	SCANTRON

**Parent Responsibility**

<b>Date Received</b>	<b>Item Received and Placed In Student File</b>
	Parent Driver's License Copy
	Social Security Card (copy)
	Birth Certificate (copy)
	Immunization Records
	Proof of Residency (copy)
	Proof of District
	EMIS Card
	Registration Form (2)
	Media Consent Forms (1)
	School-Parent / Guardian-Student Agreement
	Parent / Guardian Involvement Policy give to parent
	Emergency Medical Release and Liability Waiver
	Generic Field Trip Form
	Internet Safety Policy
	Free and Reduced Lunch Eligibility (forms completed) <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>Formal Withdrawal Form from Prior School</b>
	Privacy of Student Info – Opt Out Form
	Custody Papers (if applicable)
	Medication Dispensing Form (if applicable)

2009-2010

The Maritime Academy of Toledo  
"Sea" the difference

Please Return This Form To  
803 Water St., Toledo, OH 43604  
Or Fax to (419) 244-9898 Phone: to (419) 244-9999

Registration Form Page 1

STUDENT INFORMATION

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Legal Middle Initial: \_\_\_\_\_

Grade Entering Into: \_\_\_\_\_

Gender:  Male  Female

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Circle Your Birth Document Source:

Birth Certificate, Passport, or other legal document—please explain: \_\_\_\_\_

Please submit a copy of the birth document to school office.

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

Apartment #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Unlisted:  No  Yes

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

Race/Ethnicity:  White  Black  Hispanic  
 Multi-racial  Native American  
 Asian Pacific  Other \_\_\_\_\_

Native Language: \_\_\_\_\_

(First language spoken by the student)

FOR OFFICE USE ONLY

Student Social Security #

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DESIRED ACTION

Enroll student on the following date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Coming from:

\_\_\_\_\_  
(Name of school)

Withdraw student on the following date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Transferring To:

\_\_\_\_\_  
(Name of school)

Submitted by

\_\_\_\_\_  
(The Maritime Office Personnel)

Public release of student information is limited by Ohio Law to Directory Information. This includes name, address, telephone listing, date, and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of athletic team members, dates of attendance, date of graduation, and awards received.

By checking this box, I approve the release of the above noted directory information.

**STUDENT LIVES WITH:**  Father  Mother  Guardian/Custodian (Complete information below)

**MOTHER**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Should mailing be sent if not custodial parent?  No  Yes

Home Phone \_\_\_\_\_ Unlisted:  No  Yes

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**FATHER**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Should mailing be sent if not custodial parent?  No  Yes

Home Phone \_\_\_\_\_ Unlisted:  No  Yes

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**GUARDIAN**

Last Name \_\_\_\_\_ Relation: \_\_\_\_\_  
First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Should mailing be sent if not custodial parent?  No  Yes

Home Phone \_\_\_\_\_ Unlisted:  No  Yes

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**OTHER**

Last Name \_\_\_\_\_ Relation: \_\_\_\_\_  
First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Should mailing be sent if not custodial parent?  No  Yes

Home Phone \_\_\_\_\_ Unlisted:  No  Yes

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Does Your Child Have Special Needs?  Yes  No If so please explain:  
\_\_\_\_\_

Kindergarten Experience (mark one):  Half Day  Full Day  No Kindergarten Experience

What is your child's favorite past-time or hobby? \_\_\_\_\_

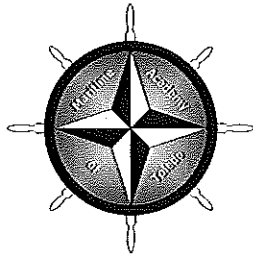
What is your child good at doing? \_\_\_\_\_

What topics does your child know a lot about? \_\_\_\_\_

2009-2010

The Maritime Academy of Toledo

"Sea" the difference



Please Return This Form To
803 Water., Toledo, OH 43604
Or Fax to (419) 244-9898 Phone: to (419) 244-9999

Request for Records Form

(Parent/Guardian) authorizes the release of the records of

Student's Last Name First Name Middle Initial Birth date: Month / Day / Year

From the Following School/Institution:

Most Recent School/Institution Attending

Address

City, State, Zip

Telephone Number Fax Number

- Transcript of subject and grades
Attendance Record
Psychological or other Individual Test Results
IEP and Special Education Records, if applicable
Ohio Proficiency Test Results
Standardized Test Results
Health Records
Disciplinary Records

The records may be released to: The Maritime Academy of Toledo, 1000 Monroe St., Toledo, OH 43604
Telephone: (419) 244-9999 Fax: (419) 244-9898

I am authorizing the release of these records for these reasons:

- I am the subject of these records and 18 years of age.
I am the parent, guardian, or custodian of the subject of these records and the subject is under 18 years of age.

Signature of Parent/Guardian/Custodian Date Month / Day / Year

Please send the above records, if available for this student as soon as possible. If records are not available, please return our request indicating the following:

- No records available. Reason:
Unable to find records. Reason:

FOR OFFICE USE ONLY

Request for Records

Dear Registrar:

Please send the above records, if available for this student, as soon as possible.

If records are not available, please return our request indicating the following:

- No Records Available. Reason:
Unable to Send Records. Reason:

We would appreciate receiving any additional information that would enable us to better meet the individual needs of the student. Thank you for your prompt cooperation.

Signature of School Registrar Date Month / Day / Year

**2009-2010**  
**Emergency Medical Release & Liability Waiver**

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

*Purpose - To enable parent(s)/guardian(s) to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parent(s) or guardian(s) cannot be reached.*

**EMERGENCY INFORMATION**

Father's Full Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_  
Mother's Full Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_  
Student's Allergies \_\_\_\_\_  
Student's Other Medical Conditions \_\_\_\_\_

Any other facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

*In an emergency when parent/guardian cannot be reached, please contact the following:*

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_

**PART I OR PART II MUST BE COMPLETED)**

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**PART I - TO GRANT CONSENT**

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone: \_\_\_\_\_  
Med. Specialist \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Hospital \_\_\_\_\_ ER Phone: \_\_\_\_\_

*In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (2) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated practitioner is not available, by another licensed physician or dentist, concurring in the necessity for 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 Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent/Guardian's Signature and date are required)*

**NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.**

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**PART II - REFUSAL TO CONSENT**

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

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_

# STUDENT PHOTO USE POLICY AND AGREEMENT 2009-2010

During the year, The Maritime Academy of Toledo often has the opportunity to photograph and/or videotape our students in a variety of school-related activities. Student recognition programs, academic programs, and Sea Scouts are a few examples of these activities. As such, these photographs and/or videotape footage may be used in district communication tools such as the local newspaper, annual report calendar, school web site and other mediums of communication. Highlighting the achievements and celebrating the successes in our school is an integral part of responsible reporting to our community as well as a way of sharing in the success of our school and students. However, it is our goal to respect your privacy as well. Therefore, parents/guardians are requested to indicate their wishes regarding the school's use of student photographs, videotapes, or images at the beginning of each school year.

\*Photographs, videotapes or images including four or more students in a picture are exempt from this policy (i.e. group or team photos). **Permission can only be revoked by written request.**

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## CHOOSE AND SIGN ONLY ONE RELEASE BELOW!

### CONSENT TO STUDENT PHOTO USE POLICY FOR PARENTAL RELEASE

I, the parent/guardian of (student name, please print) \_\_\_\_\_  
have read and therefore understand the Student Photo Use Policy and Agreement, and **DO PERMIT** The Maritime Academy of Toledo to use photographs, videotapes and/or images of my child under these terms and conditions.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

### REFUSAL OF STUDENT PHOTO USE POLICY FOR PARENTAL RELEASE

I, the parent/guardian of (student name, please print) \_\_\_\_\_  
have read and therefore understand the Student Photo Use Policy and Agreement. **I DO NOT PERMIT** The Maritime Academy of Toledo to use photographs, videotapes and/or images of my child under these terms and conditions.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## Notice to Parents/Guardians Regarding Medication Policy

To protect your child's safety, the school nurse and/or health aide will adhere to the following medication policy. Beginning in August, 1996 it is required that **BOTH** parent's **AND** physician's signature are on file before any prescription **OR** non-prescription medication is administered. This includes all medications including such over-the-counter products as Tylenol, Advil, Dimetapp, Aspirin, etc.

Although this may cause some inconvenience, we feel that this policy is best for the continued protection of your child, and must be followed. **If we do not have your written permission and the written permission of your physician, the medication will not be given.** Permission forms can be obtained by contacting your school nurse or health aide.

In order for your child to receive any medication at school, please conform with the following:

- A written request must be obtained from the doctor and the parent/guardian. This request must include the name of the medication, dosage, time it is given during school hours, and duration.
- The medication must be in its original container and have a fixed label which indicates the student's name, name of medication, dosage, method of administration and time of administration.
- When the empty prescription bottle is returned to you, please send the refill to school promptly.
- The medication and the signed permission forms must be brought to the school by the parent or guardian.
- Wherever possible, please include a photo of your child with the permission form.
- New permission forms must be re-submitted each school year, and are necessary for any changes in medication orders.
- If your child is taken off medication or will no longer receive it at school, please put your request in a dated, written note as soon as possible. If the medication is not picked up from the health aide or school office within 10 days, it will be properly disposed.

Please contact the \_\_\_\_\_ or his/her designee if you have any questions.

Thank you for your cooperation.



# School-Parent Compact

The School, and all parents of students, including the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act ("ESEA"), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards. This school-parent compact is in effect during the school year.

## School Responsibilities

The School will:

1. Provide high quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's academic standards as follows: [Describe how school will provide high quality curriculum and instruction, and do so in a supportive and effective learning environment.]
2. Hold parent-teacher conferences at least annually during which this compact will be discussed as it relates to the individual child's achievement.
3. Provide parents with frequent reports on their children's progress. Specifically, the school will provide reports as follows: one anecdotal note per month; quarterly progress reports; and when excessive or severe code of conduct violations exist.
4. Provide parents reasonable access to staff. Specifically, staff will be available for consultation before and after school.
5. Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities.
6. Treat all members of the School's family with respect and dignity.
7. Know the curriculum and state standards.
8. Establish clear rules for acceptable behavior, class participation, grades and assignments.
9. Enforce the School Code of Conduct in a consistent and fair manner.

## Parent/Guardian Responsibilities:

We, as parents/guardians, will support our children's learning in the following ways:

1. We will treat all members of the School family with respect and dignity.
2. We will know and understand school rules, and cooperate with school personnel in the enforcement of school rules.
3. We will support the school's zero tolerance policy toward any physical, verbal, gestured aggression and play fighting.
4. We will communicate our comments, questions and concerns to the appropriate personnel.
5. We will send our child to school in accordance with the school dress code.
6. We will attend any meeting concerning the welfare and well being of our child, including report card conferences, IEP meetings and any other intervention meetings.
7. We will send our child to school on time and on a regular basis as required by the law.
8. We will inform the school of change of phone numbers and addresses.
9. We will support the completion of all homework and our child's reading for 15 minutes daily.
10. We will monitor the amount of television our child watches.
11. We will participate, as appropriate, in decisions relating to our child's education.
12. We will stay informed about our child's education and communicate with the school by promptly reading and responding to all notices from the school.
13. We will serve; to the extent possible, on policy advisory groups, such as being the Title I, Part A parent representative on the school's School Improvement Team, the Title I Policy Advisory Committee, the Policy Advisory Council, the School Support Team, or other school advisory or policy groups.
14. We will encourage attendance at Extended Day Educational Services, such as tutoring sessions before or after school or during weekends. We recognize that those supplemental activities are a required part of the child's educational program and the School curriculum and the failure to assure a child's attendance at such sessions could result in retention or discipline under school policy.
15. We have read and agree to abide by the Cadet Handbook.

## Student Responsibilities

I, as a student, will share the responsibility to improve our academic achievement and achieve the State's high standards.

Specifically, I will:

1. Do my homework every day and ask for help when I need to.
2. Read at least thirty minutes every day outside of school time.
3. Give my parents or the adult who is responsible for my welfare all notices and information received by me from my school every day.

*The Maritime Academy of Toledo*

School

Parent

Date

Student

Date

# Notice to Parents Regarding the Protection of Pupil Rights Amendment

Dear Parent:

The Protection of Pupil Rights Amendment (PPRA) (20 U.S.C. §1232h) affords parents and students who are 18 or emancipated minors ("eligible students") certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

- *Consent* before students are required to submit to a survey that concerns one or more of the following protected areas ("protected information survey") if the survey is part of any program funded in whole or in part by a program of the U.S. Department of Education (ED):
  1. Political affiliations or beliefs of the student or student's parent;
  2. Mental or psychological problems of the student or student's family;
  3. Sex behavior or attitudes;
  4. Illegal, anti-social, self-incriminating, or demeaning behavior;
  5. Critical approvals of others with whom respondents have close family relationships;
  6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
  7. Religious practices, affiliations, or beliefs of the student or parents; or
  8. Income, other than as required by law to determine program eligibility.
- *Receive* notice and an opportunity to opt a student out of
  1. Any other protected information survey, regardless of funding;
  2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screening, or any physical exam or screening permitted or required under State law; and
  3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.
- *Inspect*, upon request and before administration or use
  1. Protected information surveys of students;
  2. Instruments used to collect personal information from students for any of the above marketing sales, or other distribution purposes; and
  3. Instructional material used as part of the educational curriculum.

The School has developed policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. The School will directly notify parents and eligible students of these policies at least annually at the start of each school year and after any substantive changes. The School will also directly notify parents and eligible students, such as through U.S. Mail or email, at least annually at the start of each school year of the specific or approximate dates of the following activities and provide an opportunity to opt a student out of participating in:

- Collection, disclosure, or use of personal information for marketing, sales or other distribution.
- Administration of any protected information survey.
- Any non-emergency, invasive physical examination or screening as described above.

*Parents/eligible students who believe their rights have been violated may file a complaint with:*

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202-4605

Following are activities and/or a schedule of activities requiring parental notice and consent or opt-out for the upcoming school year:

- |                                      |   |
|--------------------------------------|---|
| Swimming/Lifesaving/Kayaking Lessons | <input type="checkbox"/> I opt out for my student |
| Marine/Boating Excursions            | <input type="checkbox"/> I opt out for my student |
| Shipbuilding                         | <input type="checkbox"/> I opt out for my student |

## PARENT / GUARDIAN INVOLVEMENT POLICY

It is the policy of The Maritime Academy of Toledo to provide parents and guardians of students who are eligible for ESEA Title I programs, with adequate opportunities to participate in the design and implementation of the Title I program. The Maritime Academy of Toledo ensures that parents are able to contribute to and participate in the Title 1 program through the following offerings::

- Annual Information Meetings to discuss the Title 1 Program
- Parent Meetings and Parent Education events to inform and educate parents
- Open and effective home-school communications through email, notes, and phone calls
- Parent notification of student selection and reason for selection in the Title 1 Program
- Student progress reports that detail student's progress in achieving State outcomes.
- Quarterly reports of Title 1 instructional date and amount of time spent with the student and the specific activities performed with the student
- Parent Questionnaires to assess and improve Title 1 program goals, objectives, and activities.
- Opportunities for parents to volunteer and receive parent training in preparation for volunteering.
- Classroom visitations

# Emergency Medical Release & Liability Waiver

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## EMERGENCY INFORMATION

Father's Full Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_  
Mother's Full Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_  
Allergies \_\_\_\_\_ Other \_\_\_\_\_  
Medical Conditions \_\_\_\_\_

### *In an emergency when parent/guardian cannot be reached, please contact the following:*

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_

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I hereby give my consent to have *The Maritime Academy of Toledo* for the following doctor of medicine or dentistry to administer any and all medical attention to be administered to my student \_\_\_\_\_  
(Student's Name) by

Physician Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_  
Dentist Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_  
at the nearest Medical Facility/Hospital or \_\_\_\_\_  
Medical/Hospital Insurance Company \_\_\_\_\_ Phone  
( ) \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

in the event of accident, injury, sickness, etc., under the direction of the person(s) listed above, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent/Guardian's Signature and date are required)*

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.

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I hereby DO NOT give my consent to have *The Maritime Academy of Toledo* secure a doctor of medicine or dentistry for any and all medical attention to be administered to my student

\_\_\_\_\_  
(Student's Name)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent/Guardian's Signature and date are required)*

**THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.**

## THE MARITIME ACADEMY OF TOLEDO MEDICATION DISPENSING FORM

Medication will be administered to students during school hours only when such medication is needed by the student to remain in the school. No medication will be administered to any student without proper completion of the Medication Dispensing Form. The form should also be used for non-prescription drugs to be administered and must also have a physician's signature.

All medication to be administered by The Maritime Academy of Toledo personnel must be delivered in the original and properly labeled container to a school administrator, along with the Medication Dispensing Form.

Prescription and non-prescription medicine will be locked in a secure building location. All controlled medications must be delivered to the school by an adult, counted, and recorded on the student's medication log. Failure of the parent / guardian to provide documentation will require the parent / guardian to be present in the school to dispense the medication personally.

### TO BE COMPLETED BY PHYSICIAN / DENTIST

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Medication: \_\_\_\_\_  
Specific Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Special Considerations: \_\_\_\_\_  
Reason for Medication: \_\_\_\_\_  
Effective Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

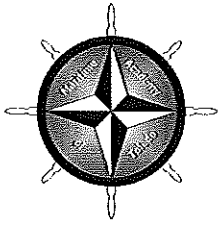
It is my understanding that the administration of The Maritime Academy of Toledo is charged with the administration of this treatment procedure and that this person relies on the directions given in this document. I further certify that I am the physician or dentist who prescribed the treatment and that the student named above is under my supervision as a patient.

Signature of Physician / Dentist: \_\_\_\_\_  
Printed Name of Physician / Dentist: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### TO BE COMPLETED BY PARENT / GUARDIAN

As parent / guardian of the above named student, I hereby request that the treatment described above be administered to my student. I release The Maritime Academy of Toledo and its employees from liability for any damages my student may suffer as a result of this request.

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_



**The Maritime Academy of Toledo**

803 Water St.

Toledo, OH 43604

Phone: 419-244-9999 Fax: 419-244-9898

Dear Parent/Guardian:

*Children need healthy meals to learn. The Maritime Academy of Toledo offers healthy meals every school day. Breakfast costs \$1.40 lunch costs \$2.40. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.*

- 1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. **We cannot approve an application that is not complete, so be sure to fill out all required information.** Return the completed application to the front office.
- 2. Who can get free meals?** Children in households receiving benefits through the Food Assistance Program (SNAP, formerly the Food Stamp Program), or Ohio Works First (OWF) benefits and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
- 3. Can homeless, runaway and migrant children get free meals?** Please call **Jill Laytart, Food Program Director** to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 4. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.
- 5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the school at **(419) 244-9999** if you have questions.
- 6. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 7. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving Food Assistance Program (SNAP) benefits or getting OWF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
- 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: **Jill Laytart, Food Program Director** at **(419) 244-9999**
- 10. May I apply if someone 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. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
- 12. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- 13. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call **(419) 244-9999**.

*Si necesita ayuda, por favor llame al teléfono: (419) 244-9999.*

*Si vous voudriez d'aide, contactez nous au numero: (419) 244-9999.*

## INSTRUCTIONS FOR APPLYING

**If your household receives benefits from the Food Assistance Program (SNAP, formerly the Food Stamp Program), or gets Ohio Works First (OWF), follow these instructions:**

- Part 1:** List child(ren)'s name, school, grade, and a 10 digit SNAP (Food Stamp) or OWF case number beside each child's name. Ohio Direction Card Numbers are not acceptable (these are 16 digits in length).
- Part 2:** Check the appropriate box, if any.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. A Social Security Number is not necessary.
- Part 6:** Answer this question if you choose to.

Check the appropriate box and contact [your school, homeless liaison, migrant coordinator].  
Fill out application by following instructions for **ALL OTHER HOUSEHOLDS**.

**If you are applying for a FOSTER CHILD, follow these instructions:**

- Part 1:** Use a separate application for each foster child. List the child's name, school, and grade.
- Part 2:** Skip this part.
- Part 3:** Check the box and list the child's personal use monthly income, if any.
- Part 4:** Skip this part.
- Part 5:** Sign the form. A Social Security Number is not necessary.
- Part 6:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

- Part 1:** List each child's name, school, and grade.
- Part 2:** Check the appropriate box, if any.
- Part 3:** Skip this part.
- Part 4:** Follow these instructions to report total household income from last month.

**Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column 2 –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).  
*All other income:* List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and **ALL OTHER INCOME SOURCES** (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and **ANY OTHER INCOME**. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column 3–Check if no income:** If the person does not have any income, check the box.

- Part 5:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 6:** Answer this question if you choose to.

**2009-2010 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

**Part 1. Children in School (Use a separate application for each foster child)**

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	10-digit Food Assistance Program* (SNAP, Food Stamp) or OWF case # (if any) for each child. Skip to Part 5 if you list a SNAP* or OWF case #

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the school office at (419) 244-9999.** Homeless  Migrant  Runaway

**Part 3. Foster Child**  
If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>(Example)</i> Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____ / ____	<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. Signature and 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 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 get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here:  \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number

**Part 6. Children's ethnic and racial identities (optional)**

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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**Don't fill out this part. This is for school use only.**

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 A Month,  Month,  Year Household size: \_\_\_\_\_  
Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_  
Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)  
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 within the limits on this chart.

<b>FEDERAL INCOME CHART</b>			
For School Year 2009-2010			
Household size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person:	6,919	577	134

\* SNAP: Food Assistance Program (formerly the Food Stamp Program)

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**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 do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (SNAP, former Food Stamp Program), Ohio Works First (OWF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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.

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**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

# COMPREHENSIVE SCHOOL SAFETY PLAN

The Maritime Academy of Toledo maintains a Comprehensive School Safety Plan. The Plan is ever-evolving and at the present time includes the following:

## **Accident / Emergency Form**

Emergency medical information forms are included in the enrollment packet and updated at the beginning of each academic year. These must be filled out and returned immediately. Two local contact persons are listed on the form in case the school is unable to reach a parent/guardian. If a student becomes ill or injured while at school, the parent(s) will be contacted promptly. It is extremely important that these forms be kept current. Please contact the school during the school year with any changes in information.

## **Active Parent Organizations**

The Maritime Parent Association (MPA) is an active parent organization that works with the school to prevent problems and ensure student safety.

## **Building Security**

1. Parents are encouraged to visit their student's classroom whenever possible.
2. Parents are asked to contact the teacher or principal regarding arrangements for visits.
3. Visits by children who are friends or relatives of students are not permitted.
4. All visitors to schools must report to the school office prior to visiting classrooms or school grounds.

## **Child Abuse or Neglect Policy**

The following is the child sexual, physical, and emotional abuse / neglect policy for The Maritime Academy of Toledo:

1. In compliance with Ohio state law, teachers and school staff will immediately report any known or suspected instance of child abuse or neglect.
2. Sexual, physical, or emotional abuse is a crime.
3. Background checks on the Directors of the Board and all employees of The Maritime Academy of Toledo will help to protect all involved.
4. All employees will be briefed annually on the school's child abuse / neglect policy

## **Closed Campus**

The Maritime Academy of Toledo has a closed campus policy. Students are not permitted to leave the school building during the school day without permission. All campus visitors must have a visitor's pass to be in the school building or on school property. Authorized visitors are supervised by staff.

## **Conflict Resolution**

Students and staff are trained in how to resolve conflicts peacefully.

## **Fire and Tornado Safety**

1. Fire drills are held monthly.
2. Tornado drills are held once each Spring and Fall in place of the monthly fire drill.

## **Property Damage**

Parents are held financially responsible if a student deliberately destroys or defaces school property.

## **Safety Before & After School**

Parents are encouraged to become involved in safety programs at the school and to discuss personal safety with their students when traveling to and from the school.

## **Sexual Discrimination / Harassment Policy**

No person shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance. Due process procedures are in place to protect students who feel they have been discriminated against in this way. See the School Administrator for information about these procedures. SAFE SCHOOL HELP LINE: 1-800-4-1-VOICE EXT. 359 (1-800-418-6423). KEEP YOUR SCHOOL A SAFE PLACE TO LEARN. YOUR NAME IS NEVER ASKED. The Maritime Academy of Toledo complies with federal laws that prohibit discrimination in programs and activities receiving federal assistance. Title VI of the Civil rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of handicap. Title IX of the Education Amendments of 1972 prohibits discrimination on the basis of sex. The Age Discrimination Act of 1975 prohibits discrimination on the basis of age. The Maritime Academy of Toledo also complies with the Family Education Rights and Privacy Act of 1974 that grants to parent(s)/guardian(s) the right to examine their children's official school records. Inquiries regarding unlawful discrimination may be directed to The Maritime Academy of Toledo School Administrator.

### **Student Behaviors:**

Students know that they are expected to:

1. Follow school rules
2. Follow the directions of teachers and school authorities
3. Show respect for the teacher and for other students in the classroom
4. Come to class prepared to work
5. Wear helmets when riding their bicycles to and from school
6. Stay on task for the class period
7. Comply with the classroom rules as described by each teacher

Students may not:

1. Have any weapon or dangerous object
2. Have or sell drugs or drug paraphernalia, tobacco, alcohol or other controlled or dangerous substances or intoxicants
3. Fight, harm, threaten, harass, or intimidate anyone
4. Damage or take property of others
5. Act in a way or wear or carry any item that is obscene, profane, unsanitary, offensive, degrades others or promotes violation of laws or school rules
6. Defy school authorities
7. Leave campus without permission
8. Cheat or falsify documents
9. Disrupt a class or school activity
10. Participate in any gambling activity
11. Carry pagers, headsets, or other electronic communication services
12. Skip school or be late to class

## **ZERO TOLERANCE**

The Maritime Academy of Toledo has established strong safety policies, including zero tolerance for furnishing controlled substances, possession of weapons, threatening and/or causing physical injury to others and to our property, and using profanities. This zero tolerance applies to actions by staff, students, parents, and the community. Parents, visitors, and employees may be terminated and/or issued restraining orders for any of the above violations. Consequences for students include up to ten days suspension and /or immediate expulsion.

Students, employees, parents and the community are urged to contact the school immediately if there is any information about: real or fake weapons carried by students; drug use or drug trafficking on our campus; threats of violence made by students or adults; stolen equipment; and destruction of property, continual bullying. All calls remain anonymous.

## ATTENDANCE /TARDINESS POLICIES

**Expectation for Student Attendance at School:** The Maritime Academy and the State of Ohio considers truancy to be a very serious matter and in fact, The State of Ohio will exact certain penalties on The Academy if we fail to enforce strict attendance policies and procedures. In the rare event that your student must be absent from school, arrive late to school, or leave school early you must follow these policies:

1. Call the Main Office during the morning of the absence. The Main Office phone number is (419) 244-9999.
2. Send in a note signed by a parent(s)/guardian(s) to the Main Office the following day which includes:
  - a. Student's first and last name
  - b. Date(s) of the absence
  - c. Explanation/reason for the absence
  - d. Phone number where the parent(s)/guardian(s) can be contacted

### Absenteeism Consequences

Students with unexcused absences are considered truant. Truancy is grounds for referral to the Dean of Discipline for action covered under Sections 3321.18 through 3321.22 of the Ohio Revised Code. The following consequences will result from unexcused absences:

1. **More Than Five Days Absent:** A student with more than five (5) days of absences in a quarter will not receive a passing grade for quarter. The school will attempt to notify the child's parent, guardian, or custodian when the student's absences reach three in a quarter. This quarter limit also applies to absences in individual class periods. Tardiness and leaving school early will count as absences in individual classes. Should the student reach five (5) absences in any class period, the student will not receive a passing grade for the quarter in the class/courses in question.
2. **More Than Ten Days Absent:** Any student absent more than ten (10) days in a semester will fail the semester and will be reported to a juvenile truancy officer.
3. **More Than Fifteen Days Absent:** Any student absent more than fifteen (15) days total school days within a school year, will fail the entire school year and will be reported to the Registrar of Motor Vehicles, State of Ohio, the county juvenile judge for suspension of a temporary driving permit/driving license, or the revocation of the student's right to apply for a permit/license. The school shall notify the child and the child's parent, guardian, or custodian, in writing, that the truancy/attendance information has been provided to the superintendent, and that as a result of that information the child's temporary instruction permit or driver's license will be suspended or the opportunity to obtain such a permit or license in the future will be denied by the Ohio Department of Motor Vehicles.
4. **Tardiness To School Or Class**  
Any student who misses more than fifteen minutes of a class/course, either at the beginning or the end of the day, will be considered absent from the class. Any student missing more than 5 absences in a quarter, ten absences in a semester, and fifteen absences in the school year will fail the class/course. Student performance in the class does not alter this policy. The parent/guardian of a student who must leave school early must sign out at the helm before leaving the building.

A student arriving tardy to school after 8:00 a.m. must check in at the Main Office. After signing in, the student will receive a hall pass. This pass must be presented to the teacher. Students must present their ID badge when signing in or out of the Main Office. Additionally, students arriving to school after 8:00 a.m. must present a note signed by their parent(s)/guardian(s) explaining the reason for the tardiness (or a parent may telephone the Main Office). After fifteen minutes tardy to a class, the student will be considered absent from the class and this will count toward the student's allowable absent days.

5. **Make-Up Work:** It is the responsibility of the student to contact his/her teachers and obtain the make-up assignments. Students who know in advance when they will be out of school for an extended period of time should, if possible, obtain assignments from their teachers before being absent. Students may receive credit for work missed during an absence as long as the work is made up in a timely fashion as prescribed by the teacher.
6. **Appeal Process:** The parent/guardian and student may appeal the failing grade/loss of credit to the Superintendent/Principal in situations of excused absences due to hospitalization or court subpoena. The appeal may be granted at the discretion of the Superintendent/Principal.
7. **Withdrawal Due to Excessive Absenteeism:** A student will be automatically withdrawn from the school if the student misses 105 consecutive hours of learning opportunities as per the Ohio Revised Code.



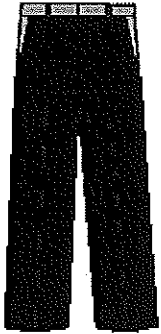
Parents/Guardians: Please Note The Following

**The Maritime Academy Of Toledo Will Not Permit Cadets To Enter The Building Unless Properly Uniformed. When cadets enter the building without proper uniform, they will be asked to step outside and fix their uniforms, tuck in shirts, remove jewelry, remove head gear, etc.**

The Uniform Policy Is As Follows:

- **White/Navy Embroidered Polo Shirts With School Logo—No Other Shirts or Blouses may be worn.** These Must Be Purchased Through Schoolbelles. The Academy will have stock on hand for purchases at the school. Each Cadet will receive two (2) Polo Logo Shirts when fees are paid in full.
- **Navy Dress Pants, Knee Length Shorts, Skirts, Skorts:** Black Or Any Other Color Is Unacceptable May Be Purchased Anywhere (Absolutely No Sweat Pants)
- **Black Or White Tennis Shoes Only**
- **Cadets Must Wear A Plain Brown or Black Belt without jewels or large buckles, if pants have belt loops.**
- **No Facial/Tongue Piercings May Be Worn During School or At School Functions.**
- **Navy Or White Socks Only.**
- **No Unnatural Hair Color or streaking.**
- **Only Small Stud Earrings may be worn—No Hoops (Girls Only)**

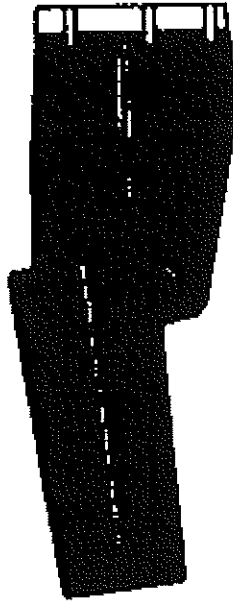
Lisa Zoltowski, Principal  
[lzoltowski@maritimeacademy.us](mailto:lzoltowski@maritimeacademy.us)



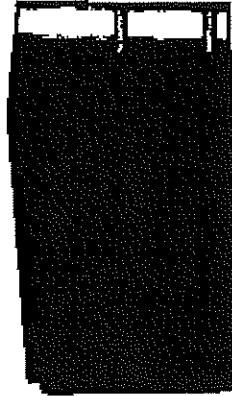
Boys Flat Front



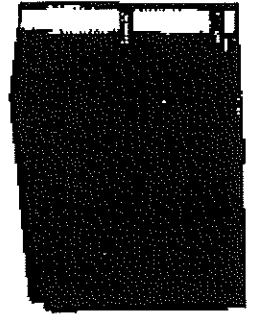
Boys Plain Front



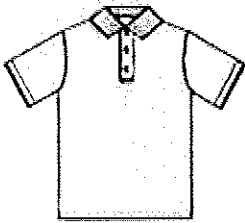
Boys Pleated Front



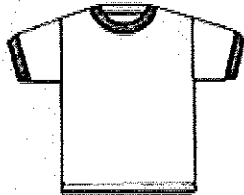
Pleated Flat Front



Walking Shorts



Boys School Shirt



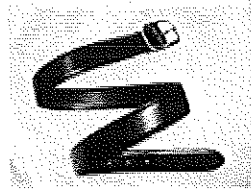
Boys Gym Shirt



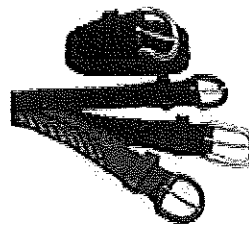
Boys Socks



Elastic with Leather Tab



Narrow All Leather



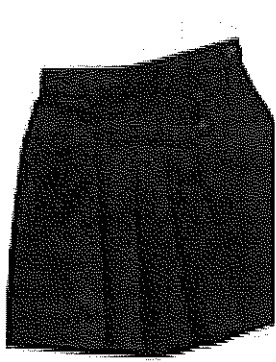
Braided All Leather



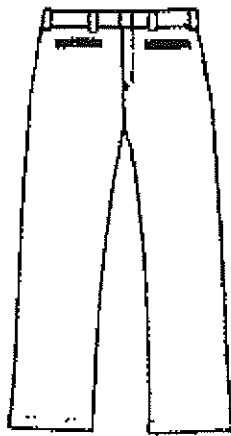
Black Oxford



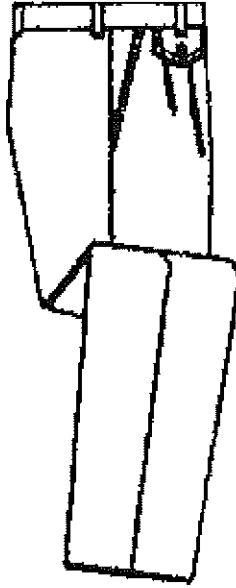
Leather Tennis Shoe Black or White



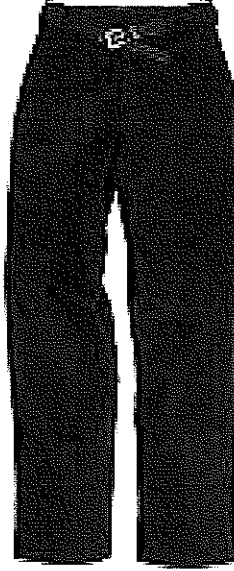
Girls Skort



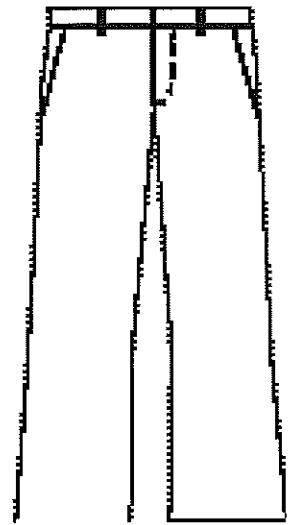
Girls Mid Rise



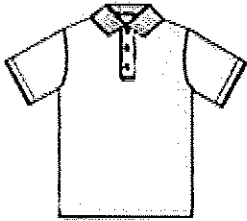
Girls Pleated Front



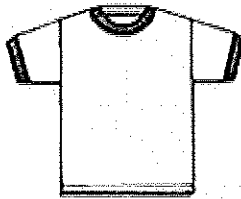
Girls Flat Front



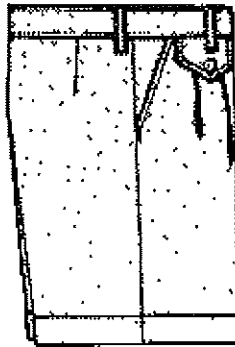
Girls Mid Rise



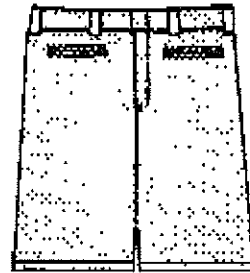
Girls School Shirt



Girls Gym Shirt



Girls Pleated Mid Rise



Walking Shorts



Style # 1605  
Opaque Knee High



Style # 1621  
Pima Knee High



Style # 1633  
Ribbed Tights



Style # 1602  
Cotton Knee High



Style # 1601  
Acrylic Knee High



Style # 1603  
Opaque Tights



White or Black Leather Tennis Shoes



Black Leather Oxford Shoes