

**Incomplete applications cannot be processed and will be returned to you. Faxes are NOT accepted.**

**APPLICATION ENROLLMENT CHECKLIST**

*Everyone must complete all pages of the application.*

**To enroll a student in a public school or charter school in Ohio you MUST provide the following items:**

**1. Student Identification:**

- Copy of an official Birth Certificate (not a hospital certificate)
- Proof of Student's Social Security Number (copy of the student's card or other proof)

**2. Residency Documents:**

**Proof must be in the name of the parent or guardian who has custody of the student.**

**Primary Proofs of Residence accepted:**

Recent (**within 30 days**) Electric, Gas, Telephone (home/residential, NOT cellular), Water, Cable, Signed residential Rental/lease agreement (all pages), Mortgage Statement, Aid to Dependent Children (ADC) letter, Social Security Insurance (SSI) benefits letter, Voter Registration card or any official government correspondence. **Pay stubs, credit card bills or school letters are not acceptable.**

**Mark your status and the proofs you are supplying.**

- Homeowner (2 Primary Proofs, OR Deed or Tax Bill and 1 Primary Proof, OR Purchase agreement with move-in date and 1 Primary Proof.)
- Renting (2 Primary Proofs, OR copy of current lease signed by both parties and 1 Primary Proof.
- Living with Parents/Relative/Friend. Proof must be in the name of the homeowner or leasee. (2 Primary Proofs, OR copy of current lease signed by both parties and 1 Primary Proof, AND a NOTARIZED Residency Verification Form.) Residency Verification Form may be obtained from Akron Digital Academy website (www.akron-digital.com).

**NOTE: If you change residency, you will need to provide proof of the new address.**

**3. Custody Documents:**

(Needed in cases of separation, divorce, shared parenting, OR cases involving Social Workers, foster parents, or legal custodians.)

**Mark the proof you are supplying.**

- a) Notarized Custody Form from Packet (either: Custody Form or Custody Form Pending)  
AND
- b) Entire Document: Original, Certified, Time-stamped Court Order or Divorce Decree indicating custody  
OR
- c) A Time-stamped notice of the Application for Appointment of Full Guardianship from Probate Court (only valid for 60 calendar days from issuance date).

**For (b) and (c): These are the ONLY acceptable guardianship papers. A letter from a lawyer is not acceptable.**

**4. Immunization Records:**

Kindergarten: 5 DPT, 4 Polio, 2 MMR, 3 HB, 1 Varicella  
 Grade 1 - 3: 4 DPT, 4 Polio, 2 MMR, 2 HB, 1 Varicella  
 Grade 4 -10: 4 DPT, 4 Polio, 2 MMR, 3 HB  
 Grade 11 -12: 4 DPT, 3 Polio, 2 MMR

**CODES:** DPT = diphtheria/pertussis/tetanus  
 PV = polio vaccine  
 MMR = measles, mumps, rubella  
 HB = hepatitis B vaccine  
 Varicella = chickenpox vaccine

**5. Academic Records:**

**You must supply the name and address of the school your student last attended.** Please take care of any fines, fees, or holds on your student's records. If there was a period of home schooling, verification of coursework must be submitted for the student to receive credit.

Today's Date \_\_\_\_\_

**STUDENT APPLICATION FORM**

*Please Note: All information remains confidential. It is necessary for you to supply all requested information so we may process your application for enrollment. Much of the information you supply is required by the Ohio Department of Education and is used for statistical purposes only. Thank you for your cooperation.*

**Student Information:**

Legal Name \_\_\_\_\_

First Middle Last

Student Called Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Student's SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: Male  Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth City & State \_\_\_\_\_ Current Age \_\_\_\_\_

Citizenship: USA  Other  (Please specify) \_\_\_\_\_

Native Language: Student: English  Other \_\_\_\_\_ Parent: English  Other \_\_\_\_\_

**Ethnicity: 2-Part Question**

1. Is Student Hispanic/Latino? Yes  No

2. Is Student one or more of the following races? Mark all that apply:

American Indian/Native Alaskan  Asian  Black /African-American  Native Hawaiian  Pacific Islander  White

**School Information:**

Ohio School District you live in \_\_\_\_\_ Current grade level \_\_\_\_\_

Current school \_\_\_\_\_ Are You Being Home Schooled? Yes  No

Are you presently Suspended? Yes  No  Expelled? Yes  No

If you are not attending school, last school attended \_\_\_\_\_ Location \_\_\_\_\_ Year \_\_\_\_\_

In October of 2009, what Ohio School District did you live in? \_\_\_\_\_

What School did you attend? \_\_\_\_\_ Location \_\_\_\_\_ Were you home schooled? \_\_\_\_\_

Has your child ever been retained? Yes  No  If yes, which grade level(s) \_\_\_\_\_

**Special Services Information:**

My child receives Special Services. Yes  No  If yes, do they have an IEP  504  Other \_\_\_\_\_

Services Received are: Speech/Language  Occupational Therapy  Physical Therapy  Tutoring  Other \_\_\_\_\_

My child attends a special program at their present school. Yes  No

Program they attend: Gifted  ESL  Reading Intervention  Math Intervention  Other \_\_\_\_\_

**Student's Family Information:**

Please mark Residence Information: Homeowner  Renting  Living with Relative/Friend  (will need residency affidavit)

Address \_\_\_\_\_

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

Guardian's SSN \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**Family Information:**

Residential Parent is (check all that apply) Guardian <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Grandparent <input type="radio"/> Step-Father <input type="radio"/> Step-Mother <input type="radio"/> Foster Care <input type="radio"/> Ward of the State <input type="radio"/> Other _____	Other Parent is: (check all that apply) Guardian <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Grandparent <input type="radio"/> Step-Father <input type="radio"/> Step-Mother <input type="radio"/> Foster Care <input type="radio"/> Ward of the State <input type="radio"/> Other _____
<b>Name</b>	<b>Name</b>
<b>Email</b>	<b>Email</b>
<b>Phone</b>	<b>Phone</b>
<b>Cell Phone</b>	<b>Cell Phone</b>
<b>Occupation</b>	<b>Occupation</b>
<b>Name of Employer</b>	<b>Name of Employer</b>
<b>Employer Address</b>	<b>Employer Address</b>
<b>City/St/Zip</b>	<b>City/St/Zip</b>
<b>Work Phone:</b>	<b>Work Phone:</b>
<b>This parent's Status:</b> Married <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> <b>Other Listed Parent:</b> Remarried <input type="radio"/> Deceased <input type="radio"/>	<b>This parent's Status:</b> Married <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> <b>Other Listed Parent:</b> Remarried <input type="radio"/> Deceased <input type="radio"/>

**Shared Parenting: (by Court Order)** Yes  No  (If yes, a copy must be provided by the first day of attendance.)

If Yes, other parent information:

Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**Is this parent required by court order to receive a copy of this student's educational records including report cards, IEP's etc?** Yes  No

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

**Is the Student Living in Special Circumstances?**

In a shelter  Unsheltered (on the streets)  Doubled-Up (Living with another family)  In a Hotel/ Motel

**Emergency Contact Information:**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**Signature of Custodial Parent authorizing this contact:**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Akron Digital Academy  
2010-2011**

**EMERGENCY MEDICAL AUTHORIZATION**

**Date:** \_\_\_\_\_

**Student:** \_\_\_\_\_ **Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**\*\*\*\* Please list the parents or responsible person(s) who may be contacted and/or permitted to take the child from school in case of emergency.**

Contact	Relationship	Phone	Work Phone/ext.	Cell/Pager
1.				
2.				
3.				
Preferred Physician:		Phone:		
Preferred Dentist:		Phone:		
Preferred Hospital:				
Allergies:				
Medication:				
Physical Impairments:				
Comments:				

**EMERGENCY DISMISSAL:** If an emergency situation forces schools to close before regular dismissal time, closing will be announced over local media. If there is an emergency dismissal, my child:

- ( ) may walk or be sent home on the regular bus,
- ( ) will be picked up at school as soon as possible,
- ( ) must remain at school until regular dismissal time.

**PURPOSE:** To authorize treatment for a child who becomes ill or injured while under school authority, when parents cannot be reached. In the event reasonable attempts to contact me or other parent(s) (at the above numbers) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by preferred physician or dentist (named above), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to preferred hospital or emergency care facility of 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 before surgery is performed.

**Please complete the following and sign:**

\_\_\_\_ I do give my consent for emergency medical treatment of my child.

\_\_\_\_ 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 no action or to: \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**Educational Survey Information:**

State and Federal governments use this information to determine the school's eligibility for grants and awards.

1. Is the student's **Native Language** English? Yes  No

If **NO**, what is the Native Language? \_\_\_\_\_

2. Does the student have **Limited English Proficiency**?

This refers to any student who (circle all that apply):

A. Was not born in the United States and whose native language is other than English;

**OR**

B. Resides in a home in which a language other than English is most relied upon;

**OR**

C. Resides in a home in which a language other than English has a significant impact on his/her level of understanding of the English language,

**AND**

D. Who, as a result of the above, has difficulty speaking, reading, writing or understanding the English language which denies him/her the opportunity to learn successfully in an environment in which the language of instruction is English?

**Do any of the above conditions apply to the student?** Yes  No

3. Was the student, guardian or spouse a migratory worker? Yes  No

4. Is the student a parent of a child under the age of 5? Yes  No

5. Is the student presently pregnant? Yes  No

6. Was the student a runaway during the past year? Yes  No

7. Is/Has the student been involved with the Juvenile Justice System? Yes  No   
(Please note, this information will not affect the student's admission.)

If yes, provide Probation Officer/Social Worker's name and phone number.

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Title I Student Income Form—School Year 2010-2011**

**\*This information will remain confidential and will be reported only as a total group, not by individual families, and will ONLY be used for E-Rate and Federal Programs.**

**To the Parent/Guardian:** To determine if the **school** your child attends will receive Federal No Child Left Behind Act-Title I funds for reading, writing, and/or mathematics services, or E-Rate funds for communications, specific income information is needed from you.

<b>Do you qualify for any of these programs?</b> Are any of your children eligible for free or reduced lunches, breakfasts, snacks or milk at their school(s)?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Is your family eligible for food stamps?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Does your family qualify for medical assistance under Medicaid (example: Healthy Start)?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Is your family receiving Supplementary Security Income (SSI)?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Does your family receive Temporary Assistance for Needy Families?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Does your family receive housing assistance (Section 8)?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Does your family receive home energy assistance (LIHEAP)?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

When asked for **Total Household Income**, please add up the following sources of income:

**Earnings from Work**

- Wages/salaries/tips
- Strike benefits
- Unemployment Compensation
- Worker’s Compensation
- Net income from self-owned business or farm
- Cash withdrawn from savings

**Pensions/Retirement/Social Security**

- Supplemental Security Income
- Retirement income/Social Security

**Public Assistance/Child Support/Alimony**

- Public assistance (welfare) payments
- Alimony/child support payments

**Other Income**

- Disability benefits; Interest dividend

Income Guidelines for Title I and E-Rate Eligibility 2010-2011	
Total no. of people living in the household:  _____	<b>Total Household Income:</b> _____  Is this income: (please circle) Weekly                      Every two Weeks Twice a month              Monthly Annually

Certification: I certify that the above information is, to the best of my knowledge, true and complete.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please complete the following chart.**

Circle the no. of people living in household	Determine how often you receive income, look in that column and Circle the first number that is equal to or greater than your total income	
	Monthly	Annually
1	\$1,670	\$20,036
2	\$2,247	\$26,955
3	\$2,823	\$33,874
4	\$3,400	\$40,793
5	\$3,976	\$47,712
6	\$4,553	\$54,631
7	\$5,130	\$61,550
8	\$5,706	\$68,469
For each family member in excess of 8 add	\$640	\$7,480

**FOR SCHOOL USE ONLY:**

School Official to determine if student is eligible for Title I help.

Is the Student Eligible for Title I help: Yes \_\_\_\_ No \_\_\_\_

Signature of School Official:

X \_\_\_\_\_

**\*\*\*\*\*PARENT/GUARDIAN'S CONSENT FOR RECORDS RELEASE\*\*\*\*\***

**From:** \_\_\_\_\_  
(Custodial Parent/Guardian)

**Parent of:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
(Student - full legal name)

I request the following information for the above named student:

- Official Transcript
- Standardized Test Data
- Most current IEP
- Most current MFE
- Report Card, including in-progress grades
- Immunization Records
- Any Speech, Language, or hearing evaluations
- Any other records to aid in making educational decisions

**Be sent to:**

<p><b>Admissions</b>  <b>Akron Digital Academy</b>  <b>335 S. Main Street</b>  <b>Akron, OH 44308</b></p>	<p><b>Phone (330) 237-2200</b>  <b>Fax (330) 237-2207</b></p>
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**Release of records by parent/guardian:**

I expressly consent to the release of the information designated above. I understand that my home district cannot assume responsibility for the confidentiality of educational information disclosed. I authorize you to release educational information regarding the above named student in the manner indicated. A photo static copy of this authorization shall be considered valid. This consent (unless expressly revoked earlier) is valid until the end of the current school year in which this release is signed.

**I understand and acknowledge that this authorization extends to all or any part of the records designated above, which may include treatment for mental illness (ORC 5122.31), alcohol/drug abuse (42 CFR Part 2) and/or Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) test results or diagnoses (ORC 3701.24.3).**

This form has been fully explained to me and I certify that I understand its contents.

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

Printed name \_\_\_\_\_

Relationship to student \_\_\_\_\_ of student \_\_\_\_\_

Address \_\_\_\_\_

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