

REQUIRED MATERIALS FOR ENROLLMENT

Student Name: _____

Application Date: / /

Address: _____

Parent/Guardian: _____

PLEASE NOTE THAT THE ABOVE NAMED STUDENT CANNOT ATTEND ORIENTATION UNTIL THE FOLLOWING ITEMS HAVE BEEN SUBMITTED:

- ✓ **BIRTH CERTIFICATE**
- ✓ **SOCIAL SECURITY CARD**
- ✓ **IEP IF APPLICABLE**
- ✓ **IMMUNIZATION RECORDS**
- ✓ **CUSTODY DOCUMENTATION** (In cases of separation, divorce, shared parenting, foster parents, and legal guardianship)
- ✓ **2 PROOFS OF RESIDENCY WITHIN 30 DAYS OF APPLICATION DATE** (Lease/rental agreement, mortgage statement, utility bill, court documents, voter registration, tax statement)

***If the registrant is 18yrs or older and does not reside with their parent/guardian he/she must provide proof that they are self-supporting (a current paystub with name & address). If the student is NOT self –supporting he/she must provide a proof of residency (listed above) of parent/guardian.**

Please understand that a student is not permitted to attend orientation or be direct admitted until the enrollment application is complete and all required documents/paperwork have been provided.

If you have any questions or need assistance, we are here to help. Please contact our admissions department at 330-237-2213. Thank you for choosing Akron Digital!

STUDENT APPLICATION FORM 2014-2015

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 2013, 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): _____

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

Special Services Information:

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: (____) _____

Do you have wireless internet _____ If yes (Company Name) _____ example: Time Warner, AT&T, etc...

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 _____
Name:	Name:
Email:	Email:
Phone:	Phone:
Cell Phone:	Cell Phone:
Occupation:	Occupation:
Name of Employer:	Name of Employer:
Employer Address:	Employer Address:
City/St/Zip:	City/St/Zip:
Work Phone:	Work Phone:
This parent's status: Married <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Other Listed Parent: Remarried <input type="radio"/> Deceased <input type="radio"/>	This parent's status: Married <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Other Listed Parent: 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:

Signature: _____ **Date:** _____

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 Name	Relationship	Home 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/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

8. (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

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.

****Please check Yes or No****

1 Are any of your children eligible for free or reduced lunches, breakfasts, snacks or milk at their school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Is your family eligible for food stamps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Does your family qualify for medical assistance under Medicaid (for example Healthy Start)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Is your family receiving Supplementary Security Income (SSI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Does your family receive Temporary Assistance for Needy Families?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Does your family receive housing assistance (section 8)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Does your family receive home energy assistance (LIHEAP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Title I Student Income Form | School Year 2014-15

To the Parent/Guardian: In order to determine if the school your child attends will receive federal No Child Left Behind Act Title I funds for reading and/or mathematics or other services, specific income information is needed from you. Please complete this survey form, and **return it to the school immediately to complete the enrollment process.** One form should be completed for **each** child in your family. Thank you.

Student Information: Please print the information below. Please note, name is NOT required, but the other information is.

Student Name: _____ Grade (required): _____ Akron Digital

Circle if child is: *FOSTER CHILD *WARD OF COURT *WELFARE RECIPIENT *FOOD STAMP REQUEST

Calculating Household Income: In order to determine if the school your child attends will receive Title I funds, you will have to calculate the total amount of income in your household. Include all income for your household members (include yourself, all children in the home, your spouse, grandparents, and all others related and unrelated in your household). See list below of income types of income to report:

<p>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</p> <p>Pensions/Retirement/Social Security Pensions Supplemental Security Income Retirement income Social Security</p>	<p>Public Assistance/Child Support/Alimony Public assistance (welfare) payments Alimony/child support payments</p> <p>Other Income Disability benefits Interest dividends Income from estates/trusts/investments Regular contributions from persons not living in the household Net royalties/annuities/net rental income Any other income</p>
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Household Income: In column 1 below, enter the total number of people living in the household, whether they receive income or not. In column 2, enter the total amount of income of all the household members. The income can be the amount received per year, per month, or per week, but should be the total before taxes or anything else is taken out.

Effective July 1, 2014 – June 30, 2015

1	2	FOR SCHOOL USE ONLY Income Guidelines for Title I building/attendance area eligibility					
		Household Size	Annual	Monthly	Twice per month	Every two weeks	Weekly
Total no. of people in the household _____	Total household income and frequency: \$ _____ Annual Monthly 2X month Bi-weekly Weekly	1.....	\$21,590	\$1800	\$900	\$831	\$416
		2.....	\$29,101	\$2,426	\$1,213	\$1,120	\$550
		3.....	\$36,612	\$3,051	\$1,526	\$1,409	\$705
		4.....	\$44,123	\$3,677	\$1,839	\$1,698	\$849
		5.....	\$51,634	\$4,303	\$2,152	\$1,986	\$993
		6.....	\$59,145	\$4,929	\$2,465	\$2,275	\$1,138
		7.....	\$66,656	\$5,555	\$2,778	\$2,564	\$1,282
		8.....	\$74,167	\$6,181	\$3,091	\$2,853	\$1,427
		For each add'l member add		\$7,511	\$626	\$313	\$289

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

Address: _____

City/State/Zip _____

Date: _____

FOR SCHOOL USE ONLY

Signature of District Representative:

Within Guidelines? YES NO

*******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

*Please send unofficial transcripts if the student has financial district obligations.

Be sent to: **Admissions** **Admissions: (330) 237-2213**
 Akron Digital **Fax: (330) 237-2207**
 335 S. Main Street
 Akron, OH 44308

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: _____

Akron Digital Admissions Information

At Akron Digital, we would like to get some feedback as to how you heard about our school. If you would please fill out the following questions so that we may better serve our students in the future, we would appreciate it.

I. How did you hear about Akron Digital? (circle one)

- a. Current or former student? If so, who _____
- b. An advertisement? If so, which one _____
- c. Internet search? If so, what was searched _____
- d. Social Media? If so, which one _____
- e. Website? If so, how did you get there _____
- f. Referred by another school district or school _____

Other _____