

## REQUIRED MATERIALS FOR ENROLLMENT

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

Application Date:        /        /

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

Parent/Guardian: \_\_\_\_\_

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**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)
- ✓ TRANSCRIPTS OR LAST REPORT CARD
- ✓ 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 (two current paystubs with name & address, a current letter from Dept. of Jobs and Family Services or, a current letter from SSI, the case must be in student name). 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 2017-2018

**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) \_\_\_\_\_ Year started 9<sup>th</sup> grade (HS only): \_\_\_\_\_  
\*the guidance counselor and principal will review your academic records to determine placement.

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 2016, 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: (\_\_\_\_) \_\_\_\_\_

Do you have wireless internet \_\_\_\_\_ If yes (Company Name) \_\_\_\_\_ example: Spectrum, AT&T, etc...

## Family Information

<b>Residential Parent is (check all that apply)</b> Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster Care <input type="checkbox"/> Ward of the State <input type="checkbox"/> Other _____	<b>Other Parent is: (check all that apply)</b> Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster Care <input type="checkbox"/> Ward of the State <input type="checkbox"/> 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="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>	This parent's status: Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>
Other Listed Parent: Remarried <input type="checkbox"/> Deceased <input type="checkbox"/>	Other Listed Parent: Remarried <input type="checkbox"/> Deceased <input type="checkbox"/>

**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? Yes  No  If yes, check below

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: \_\_\_\_\_ Parent 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 an emergency.

Contact Name	Relationship	Cell Phone #	Work Phone#/ext.	EMAIL Address
1.				
2.				
3.				
Preferred Physician(Name):			Phone:	
Preferred Dentist(Name):			Phone:	
Preferred Hospital:				
Allergies:				
Medication(s):				
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:

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



## 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 2017 - 2018

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): \_\_\_\_\_

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

<b>Earnings from Work</b> Wages salaries tips Strike benefits Unemployment Compensation Worker's Compensation Net income from self-owned business or farm Cash withdrawn from savings <b>Pensions/Retirement/Social Security</b> Pensions Supplemental Security Income Retirement income Social Security	<b>Public Assistance/Child Support/Alimony</b> Public assistance (welfare) payments Alimony child support payments <b>Other Income</b> 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
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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, 2017 – June 30, 2018*

		FOR SCHOOL USE ONLY					
1	2	Income Guidelines for Title I building/attendance area eligibility					
Total no. of people in the household  _____	Total household income and frequency:  \$ _____ Annual Monthly 2X month Bi-weekly Weekly	Household Size	Annual	Monthly	Twice per month	Every two weeks	Weekly
		1.....	\$22,311	\$1,860	\$930	\$859	\$430
		2.....	\$30,044	\$2,504	\$1,252	\$1,156	\$578
		3.....	\$37,777	\$3,149	\$1,575	\$1,453	\$727
		4.....	\$45,510	\$3,793	\$1,897	\$1,751	\$876
		5.....	\$53,243	\$4,437	\$2,219	\$2,048	\$1,024
		6.....	\$60,976	\$5,082	\$2,541	\$2,346	\$1,173
		7.....	\$68,709	\$5,726	\$2,863	\$2,643	\$1,322
		8.....	\$76,442	\$6,371	\$3,186	\$2,941	\$1,455
		For each add'l member add	\$7,733	\$645	\$323	\$298	\$149

*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:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Official Transcript    | <input checked="" type="checkbox"/> Report Card, including in-progress grades                |
| <input checked="" type="checkbox"/> Standardized Test Data | <input checked="" type="checkbox"/> Immunization Records                                     |
| <input checked="" type="checkbox"/> Most current IEP       | <input checked="" type="checkbox"/> Any Speech, Language, or hearing evaluations             |
| <input checked="" type="checkbox"/> Most current MFE       | <input checked="" type="checkbox"/> Any other records to aid in making educational decisions |

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

<b>Be sent to:</b>	<b>Admissions</b>	<b>Admissions: (330) 237-2213</b>
	<b>Akron Digital</b>	<b>Fax: (330) 237-2207</b>
	<b>133 Merriman Road</b>	<b>Email: etyrell@akrondigital.k12.oh.us</b>
	<b>Akron, OH 44303</b>	

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). I further understand that the academic records will determine placement at Akron Digital Academy once the files are received by the guidance counselor and school administration.

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

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

Parent Guardian's printed name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Student's Name \_\_\_\_\_

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?

- 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 \_\_\_\_\_
- g. Does the enrolling student have siblings who attend ADA? \_\_\_yes \_\_\_no
- h. If yes, their names \_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_