

APPLICATION ENROLLMENT CHECKLIST

Parents/Guardians: This is a checklist of the forms and documents that are required before your child will be invited to attend a preadmission orientation with the Lorain Digital Academy. Use this as a guide to complete your application.

YOUR CHILD WILL NOT BE WITHDRAWN FROM THEIR SCHOOL UNTIL THEY HAVE COMPLETED THE ORIENTATION TRAINING AND HAVE RECEIVED A COMPUTER PACKAGE.

_____ **Student Application (Pages 1 – 4)**

Complete this form accurately. The social security number is used for record-keeping purposes only.

_____ **Complete Academic Records**

Applicants will not be considered for enrollment without providing complete records from the previous and/or current school. These records can be obtained at your child's current school. (You may have to request this information in writing.) The records we require include:

Transcripts of all courses, including grades and credits earned.

Standardized test scores, particularly the Ohio State Proficiency and/or Graduation Tests.

Most recent grade card that shows proof of current grade placement, progress, and attendance.

_____ **Copy of Birth Certificate**

Required in order to verify that the child is eligible to attend school.

_____ **Copy of Social Security Card**

_____ **Proof of Residency**

Used to verify that you currently resident in the Lorain City School district and that are able to provide Internet connection in the residence. A copy of a current phone bill for a land line or DSL service, or a cable bill that specifies internet service will be acceptable.

_____ **Copy of Immunization History/ or Waiver**

State regulations require one or the other.

_____ **Copy of Custody Papers (if applicable)**

State regulations require that we request this information. Only custodial parents can enroll or withdraw students.

_____ **Special Needs Information Form – Students with Disabilities (if applicable)**

This is Page 3 of the Application – used to assist your student with individualized programs. Please attach a copy of both your child's most current MFE and IEP.

_____ **Ohio Department of Education Educational Management Information Request**

This is Page 4 of the Application - required by the Ohio Department of Education for statistical purposes.

Please mail or deliver ALL of the registration materials listed above to:

Lorain K-12 Digital Academy

1800 W. 40th St.

Lorain, OH 44053

Phone: 440-282-4087 / Fax: 440-282-4088



PARENT/GUARDIAN ACKNOWLEDGEMENT

Program Highlights:

Students enrolled in the digital academy are provided the use of a computer. Enrollment does not begin until the student successfully completes an Orientation/Training session and receives the computer equipment. Failure to attend school while the application is in process could lead to truancy charges by your current school.

Once enrolled, students are required to maintain an acceptable level of progress. Every attempt will be made to assist students who fall below the required standards; however, lack of participation may lead to a mandatory withdrawal as is required by Ohio Revised Code.

Parental Involvement:

Parental involvement is essential to success in an alternative educational setting. As our partner in this unique educational experience, you will be required to:

- Participate in a Student Orientation training session with your child.
- Provide within the home, at all times during which the student is engaged in the digital academy, adult supervision of such a nature as to ensure the student's safe and responsible participation in the program.
- Provide within the home, at all times during which the student is engaged in the digital academy, an active high speed Internet Service through which the student can connect the computer to the internet. You are responsible for the cost of the internet service.

One of the following must be in effect *prior* to the student being invited to attend an Orientation session. Please select one of the following means of connectivity:

_____ I currently have Internet through a DSL provider.

_____ I currently have Internet through the local cable company.

I have read and understand the above information. I further understand that the computer system and supplies are the property of the State of Ohio, purchased by the Lorain Digital Academy and assigned to me (my child) for use while enrolled in the academy. I understand that I (we) will be expected to take due care in the handling and use of this equipment. In addition, I understand that I will assume financial responsibility for equipment that is lost, stolen, or damaged.

Signature of (circle one): Parent / Guardian / Student (I am 18 or older)



STUDENT APPLICATION 2011 – 2012 School Year

All information remains confidential. It is necessary for you to supply **all requested information** for enrollment. Much of the information requested is required by the Ohio Department of Education and is used for statistical purposes only. Thank you.

Today's Date: _____

Last Name: _____ Appendage (Jr., II, III, etc.): _____

First Name: _____ Middle Name: _____

Street Address: _____ Apt. Number: _____

City _____ State _____ Zip Code _____ Email: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Social Security Number: _____ Gender (*circle one*) M F

Date of Birth: ____ / ____ / ____ Age: _____

Birth City & State: _____ Mother's Maiden Name: _____

Is Student Hispanic? Yes No

Please check all that apply: White American Indian / Alaskan Native
 Black or African American Native Hawaiian / Pacific Islander
 Asian

STUDENT INFORMATION:

School District of Residence: _____

Current Grade: _____ Last grade successfully completed: _____

Attending School: ____ Yes ____ No Name of school attending: _____

Currently home-schooled: ____ Yes ____ No Currently not attending school: ____ Yes ____ No

If not in school, name of last school attended: _____

Last date of attendance: _____ Reason for leaving: _____

Was applicant previously enrolled in an on-line school? If so, which one? _____

Is applicant currently EXPELLED? ____ Yes ____ No If yes, date of Expulsion Hearing: _____

Signature of (*circle one*): Parent / Guardian / Student (I am 18 or older)

Parent/Guardian Information for: _____
(Student's name)

Mother:

Last Name _____ First Name _____

Mailing Address _____
(If different from student) STREET CITY STATE ZIP

Home Phone () _____ Cell Phone () _____

Place of Employment: _____ Work Phone () _____

Does student reside with this parent? _____ Yes _____ No

Father:

Last Name _____ First Name _____

Mailing Address _____
(If different from student) STREET CITY STATE ZIP

Home Phone () _____ Cell Phone () _____

Place of Employment: _____ Work Phone () _____

Does student reside with this parent? _____ Yes _____ No

Guardian / Other:

Last Name _____ First Name _____

Mailing Address _____
(If different from student) STREET CITY STATE ZIP

Home Phone () _____ Cell Phone () _____

Place of Employment: _____ Work Phone () _____

Relationship to student: _____

Does student reside with this person/guardian? _____ Yes _____ No

Emergency Contact Information

If unable to contact either of the parents or guardian listed above, contact the individual listed below:

Name _____ Relationship to student _____

Home Phone () _____ Work/Cell Phone () _____

Signature of (circle one): Parent / Guardian / Student (I am 18 or older)

SPECIAL NEEDS INFORMATION

(Form must be completed and signed.)

Name of Student _____ Date of Birth ____/____/____

Social Security Number _____ - _____ - _____

SPECIAL NEEDS

Has your child been identified by an Evaluation Team as having a disability? ____ Yes ____ No

Has your child been identified by an Evaluation Team as having a disability under Section 504? ____ Yes ____ No

What is the date of your child's most current Multi-Factored Evaluation (MFE)? _____

What is the date of your child's most recent Individualized Education Plan (IEP)? _____

COMPLETE THIS PORTION ONLY IF YOU ANSWERED YES TO THE ABOVE QUESTIONS.

Check the disability category for which your child was identified or participated in:

____ Section 504 Plan

____ Multiple Disabilities (Not deaf-blind)

____ Speech/Language Impairment

____ Other Health Impairment – Minor

____ Other Health Impairment – Major

____ Specific Learning Disability

____ Preschooler with a Disability

____ Deaf Blindness

____ Hearing Impairment (Deafness)

____ Emotional Disturbance

____ Traumatic Brain Injury

____ Visual Impairment

____ Orthopedic Impairment

____ Cognitive Disability

____ Autism

Is your child receiving related services (speech, physical or occupational therapy)? ____ YES ____ NO

If yes, please identify the services they are receiving and who is providing them: _____

If you/your child has an IEP, please include copies of the most recent MFE or IEP testing scores with your application.

Signature of (*circle one*): Parent / Guardian / Student (I am 18 or older)

OHIO DEPARTMENT OF EDUCATION
EDUCATIONAL MANAGEMENT INFORMATION REQUEST

This information remains confidential at all times and is used for statistical purposes only.

Student's Name _____ Social Security Number _____ - _____ - _____

Is Student Hispanic? Yes No

Please check all that apply: White American Indian / Alaskan Native
 Black or African American Native Hawaiian / Pacific Islander
 Asian

NATIVE LANGUAGE: English _____ Yes _____ No

If English is not your native language, please indicate your native language: _____

LIMITED ENGLISH PROFICIENCY (please circle *all* that apply)

This refers to any student who:

- 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 for communication; 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. As a result of the above, has difficulty speaking, reading, writing or understanding the English language to deny him/her the opportunity to learn successfully in an environment in which the language of instruction is English.

Migrant Status: Check to indicate that the student, guardian or spouse is a migratory worker.

_____ YES _____ NO

Homeless Status: YES indicates that the student lacks a fixed regular and adequate nighttime residence.

_____ YES _____ NO

Kindergarten Experience:

_____ Attended full day _____ Attended half-day _____ No kindergarten experience



Lorain K - 12 Digital Academy

**Lorain City
Schools**

We can. We will.

STATEMENT OF CUSTODY

I, _____ hereby state that I am the natural parent of

_____.

Furthermore, I state that I have full custody rights of said child(ren). I have no written proof of custody for the following reasons:

- I was never married to the father/mother of my child(ren) but my name appears on the birth certificate as a parent. No custody order exists.
- I am still married to the father/mother of my child(ren). We are separated but not divorced. No custody order exists.
- The father/mother of my child(ren) is deceased. My name appears on the birth certificate. No custody order exists.
- Custody papers on file at the Lorain Digital Academy
- Other (please specify):

I certify that the above information is true and accurate. I understand that if this information is to be found false, my child(ren) could be withdrawn from school and I could face possible legal charges filed in a court of appropriate jurisdiction. Further, as parent/guardian, I understand that I will be required to pay tuition for the number of days my child(ren) attended Lorain City School District. Failure to pay the required tuition will result in the institution of collection proceedings.

I also waive my right to confidentiality of this information and allow the Lorain City Schools District to use any legal means necessary to verify my custodial status.

Signature: _____

Date: _____

Witness: _____

Date: _____