



100 Executive Drive
Marion, Ohio 43302
Phone: 888-828-4798
Fax: 740-389-6695
Web: <http://tda.treca.org>

iCredit Application

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

Today's Date: _____

Part I: Student Information

Last Name: _____ First Name: _____

Call Name: _____ Middle Name: _____ Name Appendage (Jr., III., etc): _____

Street Address: _____

P.O. Box: _____ Apartment Number: _____

City: _____ State: _____ Zip: _____ Ohio County of Residence: _____

Home Phone Number: (____) _____ E-Mail Address: _____

Gender (Circle One): M F Social Security Number: _____

Date of Birth: _____ Age: _____

City and State of Birth: _____ Mothers Maiden Name: _____

Ethnicity (Please Circle):

W- White, Non-Hispanic A- Asian or Pacific Islander B-Black, Non-Hispanic
H-Hispanic I- American Indian or Alaskan Native M-Multiracial

Have you ever attended TDA before? (Circle One) Yes No

School District of Residence: _____

(NOTE: This refers to the school district in which the parent(s) reside. For students whose parents have joint custody and reside in different districts, the Ohio Revised Code defines the parent as the custodial parent. Please list the district of residence of the custodial parent.)

Part II: Parent/Guardian Contact Information

If the student is under 18 who is the primary parent or guardian?

Last Name: _____ First Name: _____

Home Phone: (____) _____ Work Phone: (____) _____

Mailing Address (if different from student):

Street Address: _____

P.O. Box: _____ Apartment Number: _____

City: _____ State: _____ Zip: _____

Does the student reside with this parent? (Circle One) Yes No



1713 Marion-Mt. Gilead Road
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iCredit Worksheet

Today's Date: _____

Last Name: _____ First Name: _____ M.I.: _____

Social Security #: _____ Birth Date: _____ Grade Level _____

Course Request

<i>Course Name</i>	<i>Credit</i>

School Information

School District Name: _____

School Building Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Phone Number: (____) _____ School Fax Number: (____) _____

Total number of instructional units in the school day _____

This course will be used for (please check): _____ Meeting graduation requirements

_____ Elective credit

Student's Current Grade _____

Guidance Counselor Name (please print): _____

Guidance Counselor Signature: _____ Date: _____

Please complete the other side of the application.

Student's Full Name: _____

Please complete **either** part A: school payment plan

The district understands that student funding will be shared with TDA based upon the number of credits this student is taking through TDA.

School Superintendent (please print): _____

Superintendent's Signature: _____ **Date:** _____

(Please make a copy for resident school records.)

The school district prefers to pay by check. Purchase order# _____

Fee schedule:

\$250 per semester per course

OR complete Part B: student payment option.

We understand that payment is solely the responsibility of the parents or guardians of this student and full payment (cashiers check or money order only) is included.

Fee schedule:

\$250 per semester per course

Parent or Guardian Name (please print): _____

Parent or Guardian Signature: _____

Optional Credit Card Payment
Name of Cardholder: _____
Expiration date (MM/YYYY): _____ / _____
Address: _____ _____
Amount of charge : \$ _____
Card#: _____
3-digit code number on back of card: _____ (See figure on right)

