

2010-2011 Enrollment Application

Application for enrollment must be complete before it can be processed. All information remains confidential. Much of it is required by the Ohio Department of Education for statistical purposes. Completion of this application does not ensure enrollment. Applicants must remain enrolled in school until the TDA induction and equipment deployment process is complete. Failure to stay in school during this time could lead to truancy charges by your local school.

Signature: _____ Date: _____



treca | Digital Academy

100 Executive Drive | Marion, Ohio 43302
Phone: 888-828-4798 | Fax: 740-389-6695
Web: www.tdaonline.org

Part 1: Student Information

Last Name: _____ First Name: _____ Middle Name: _____
Name Used: _____ Name Suffix (Jr., II, etc): _____ Gender (check one): Male Female

Address: _____ PO Box #: _____ Apartment #: _____
City: _____ State: _____ Zip: _____ County of Residence: _____
Home Phone: _____ Cell: _____ *At least one primary phone number is required.*
Mother's Maiden Name: _____
Date of Birth: _____ Birth City: _____ Birth State: _____

Are you Hispanic? (check one):

- Yes
 No

Race (check one):

- White
 Black
 American Indian or Alaskan Native
 Asian or Pacific Islander
 Multi-racial

Student Shoe Size (check one): *Full-time students may qualify for Nike+ shoes through TRECA's Health & Wellness Program. Nike recommends ordering ½ size larger than regular shoe size.*

Youth Girls: 3½ 4 4½ 5 5½ 6

Women: 5 5½ 6 6½ 7 7½ 8 8½
 9 9½ 10 10½ 11 11½ 12 12½
 13 13½ 14

Youth Boys: 3½ 4 4½ 5 5½ 6 6½ 7

Men: 5 5½ 6 6½ 7 7½ 8 8½
 9 9½ 10 10½ 11 11½ 12 12½
 13 13½ 14 14½ 15 15½ 16

Part 2: School Information

Have you ever attended TRECA Digital Academy before? (check one): Yes No

Is the applicant currently attending school? (check one): Yes No

Name of School Currently Attending: _____ City: _____

Current Grade Level: _____ Last Grade Level Successfully Completed: _____

School District of Residence: _____ *Refers to the school district in which the parent or custodial parent resides.*

If the applicant is not in school, name the last school attended: _____ City: _____

Reason for leaving school (check if applicable): Expelled Suspension Attendance Issues Other: _____

Last date of attendance (if not currently attending school): _____

Is the applicant being Home Schooled? (check one): Yes No

TDA will provide an Internet Service Provider (ISP) for a home phone line. Or, you may use a different ISP at your own cost. Which do you prefer?

- We will use the TRECA-paid ISP We will be connecting via: Cable Satellite DSL

Part 3: Contact Information

Mother's Last Name: _____ **Mother's First Name:** _____

Status (check one): Single Married Widowed Divorced Deceased

Mailing address if different from student:

Address: _____ PO Box #: _____ Apartment #: _____

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

Home Phone: _____ Cell: _____ *At least one primary phone number is required.*

Email Address: _____

Does the student reside with this person? (check one): Yes No

Does this person have legal custody of the student? (check one): Yes No

.....

Father's Last Name: _____ **Father's First Name:** _____

Status (check one): Single Married Widowed Divorced Deceased

Mailing address if different from student:

Address: _____ PO Box #: _____ Apartment #: _____

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

Home Phone: _____ Cell: _____ *At least one primary phone number is required.*

Email Address: _____

Does the student reside with this person? (check one): Yes No

Does this person have legal custody of the student? (check one): Yes No

.....

Guardian's Last Name: _____ **Guardian's First Name:** _____

Status (check one): Single Married Widowed Divorced Deceased

Mailing address if different from student:

Address: _____ PO Box #: _____ Apartment #: _____

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

Home Phone: _____ Cell: _____ *At least one primary phone number is required.*

Email Address: _____

Does the student reside with this person? (check one): Yes No

Does this person have legal custody of the student? (check one): Yes No

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Emergency Contact Information:

If unable to contact the student's parents or guardian above, please contact the individual listed below:

Last Name: _____ First Name: _____ Relationship to Student: _____

Address: _____ PO Box #: _____ Apartment #: _____

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

Home Phone: _____ Cell: _____ *At least one primary phone number is required.*

Does this person have legal custody of the student? (check one): Yes No

Signature of parent or guardian authorizing this emergency contact: _____

Part 4: Special Needs Information

Does your child require Special Needs Services? (check one): Yes No

If "no" please skip to Part 5 of the application.

Student Name: _____

Has your child been identified by an evaluation team (including school psychologist) as having a disability? (check one): Yes No

Has your child been identified by an evaluation team as having a disability under Section 504? (check one): Yes No

Please check the disability category for which your child has been identified or participated in (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Section 504 | <input type="checkbox"/> Hearing Impairment (Deafness) |
| <input type="checkbox"/> Multiple Disabilities (Not Deaf or Blind) | <input type="checkbox"/> Emotional Disturbance |
| <input type="checkbox"/> Speech or Language Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Other Health Impairment -- Minor | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Other Health Impairment -- Major | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Special Learning Disability | <input type="checkbox"/> Cognitive Disability |
| <input type="checkbox"/> Preschooler with Disability (Ages 0-5) | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Deaf-Blindness | |

Date of the child's most recent testing scores:

Multi-Factored Evaluation (MFE): _____ Individualized Education Plan (IEP): _____

Copies of the most recent MFE and IEP testing scores must be included with your application materials.

Is your child currently receiving related services, such as speech, physical, or occupational therapy? (check one): Yes No

If "yes" please identify the services your child is receiving and who is providing the services:

Service: _____ Provider: _____

Service: _____ Provider: _____

Service: _____ Provider: _____

Part 5: Guidance Survey

Please answer the following survey questions if applicable:

Questions for Grades K-6:

Why did you decide to come to TRECA Digital Academy? _____

Who helps you with your school work? _____

Have you ever been held back a grade? (check one): Yes No What grade? _____

Do you plan to stay with TRECA into high school? (check one): Yes N

What do you want to be when you grow up? _____

Questions for Grades 7-12:

What are your plans after High School? (check one): 2-year College 4-year College Military Work

What are your educational goals at TRECA? _____

Do you plan to graduate with TDA? (check one): Yes N Are you a new or returning freshman? (check one): Yes N

Do you like to work at your own pace? (check one): Yes N Are you behind in your credits? (check one): Yes N

What was the curriculum at your previous school? (check one): College Prep Advanced General Education

Have you ever been held back a grade? (check one): Yes No What grade? _____

Part 6: Educational Management Information

This information remains confidential and is used for statistical purposes only. Thank you for your cooperation in completing this form.

SECTION ONE

Native Language:

Is English the student's native language? (check one): Yes No

Is English the only language spoken at the student's home? (check one): Yes No

If you answered "yes" to both of the above questions, please skip to "Section Two" on this page. If not, please continue.

If English is not your native language, which language is considered your native language? (check one):

- | | | | | |
|------------------------------------|--|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Creole (French) | <input type="checkbox"/> Laotian | <input type="checkbox"/> Serbo/Croat | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> German | <input type="checkbox"/> Navajo | <input type="checkbox"/> Somali | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hmong | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Romanian | <input type="checkbox"/> Tagalog | |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Korean | <input type="checkbox"/> Russian | <input type="checkbox"/> Trigryan | |

English Language Proficiency Status:

Has the student been tested and identified as Limited English Proficient (LEP) at a previous school? (check one): Yes No

In the opinion of the parent or student, does the student have difficulty speaking, reading, writing, or understanding the English language in an educational environment? (check one): Yes No

For parents or guardians:

What language did the student speak when he or she first learned to talk? _____

What language does the student use most frequently at home? _____

What language do you use most frequently with the student? _____

What language do the adults at home most often speak? _____

When did the student first attend school in the United States? (month/year) _____

SECTION TWO

Migrant Status:

Is this student, parent, or guardian a migratory worker? (check one): Yes No

Homeless Status:

Does this student lack a fixed, regular, and adequate night-time residence? (check one): Yes No

Kindergarten Experience (check all that apply):

Attended Full Day Attended Half Day No Kindergarten Experience

How did you hear about TRECA Digital Academy?

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> TV Ad |
| <input type="checkbox"/> School | <input type="checkbox"/> Radio Ad |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Magazine Ad |
| <input type="checkbox"/> Internet | <input type="checkbox"/> News Story |
| <input type="checkbox"/> Other: _____ | |

So, What Happens Next?

A TDA representative will contact you and your induction interview will be scheduled at your convenience. If you have any questions in the meantime, please call **800.567.1686**.

Thank you!

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