

## iCredit 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. Thank you!

Today's 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: \_\_\_\_\_

Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail Address (required): \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Ethnicity (check one):  
 White (Non-Hispanic)  Black (Non-Hispanic)  
 Hispanic  American Indian or Alaskan Native  
 Asian or Pacific Islander  Multi-racial

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

School District of Residence: \_\_\_\_\_ Grade Level: \_\_\_\_\_

*(Refers to the school district in which the parent resides. For parents with joint custody, list the district of residence of the custodial parent.)*

Method of contact (check one):  Phone  Email  
How did you hear about us? (check one):  School  Website  Word of Mouth  Internet  TV Ad

### PART 2 - PARENT/GUARDIAN INFORMATION

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

P.O. Box: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Email Address (required): \_\_\_\_\_

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

### PART 3 - SCHOOL INFORMATION

*Where should the transcript be sent?*

School District Name: \_\_\_\_\_ Building Name: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email (required): \_\_\_\_\_ Guidance Counselor Name: \_\_\_\_\_

Guidance Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total number of instructional units in the school day: \_\_\_\_\_

This course will be used for (check one):  Meeting graduation requirements  Elective credit

I understand that it is my responsibility to acquire the approval of my school district in order to earn credit for my course selection(s).

## PART 4 - COURSE REQUESTS

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Please indicate which courses you wish to enroll in below. Each semester course is worth 0.5 credits. Students may take both semester options to earn 1.0 credit if desired. Courses marked with asterisk (\*) are only worth 0.5 credit max. Detailed course descriptions and prerequisite information may be found online at [www.tdaonline.org](http://www.tdaonline.org). **Cost is \$250 per 0.5 credit course per semester.**

COURSE TITLE	SEM. 1	SEM. 2	COURSE TITLE	SEM. 1	SEM. 2	COURSE TITLE	SEM. 1	SEM. 2	COURSE TITLE	SEM. 1	SEM. 2
English 1			Environ. Science			Early Am. Heritage			Study & Testing Skills *		N/A
English 2			Life Science			Physical Education *		N/A	Child Development *		N/A
English 3			Chemistry			Nike+ Phys. Education *		N/A	Tech Applications *		N/A
English 4			Astronomy *		N/A	Health *		N/A	Life Skills *		N/A
Pre-Algebra			Physics			Music Appreciation *		N/A	Data Analysis *		N/A
Integrated Math 1			World History			Art 1 *		N/A	OGT Math *		N/A
Integrated Math 2			American History			Art 2 *		N/A	OGT English *		N/A
Algebra 1			US Government *		N/A	Spanish 1			Exploration - Health *		N/A
Geometry			Geography *		N/A	Spanish 2			Exploration - Animal *		N/A
Algebra 2			Psychology *	e	N/A	Spanish 3			Exploration - Culinary *		N/A
Consumer Math			Economics *		N/A	German 1			Millennial Studies		
Advanced Math			World Economics *		N/A	German 2			<b>TOTAL AMOUNT DUE:</b>		
Trigonometry *		N/A	Civics			Latin 1			<b>TOTAL CREDITS:</b>		
Physical/Earth Science			Int'l Studies *		N/A	Financial Literacy *		N/A	<b>UNIT PRICE:</b>	<b>x \$250/credit</b>	
Biological Science			Global Cultures *		N/A	Reading for Pleasure *		N/A	<b>TOTAL COST:</b>		

## PART 5 - PAYMENT OPTIONS

Please choose one payment option:

**Part A: School Payment Plan**

The school district understands that the student funding will be shared with TRECA Digital Academy (TDA) based upon the number of credits this student is taking through TDA. (Please make a copy for resident school records.)

**School Superintendent** (please print): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Superintendent's Signature:** \_\_\_\_\_

**Fee schedule: \$250 per semester per course**     Pay by Check     Purchase Order  
 PO #: \_\_\_\_\_

**Part B: Student Payment Option**

We understand that payment is solely the responsibility of the parents or guardians of this student and full payment is included.

**Parent or Guardian Name** (please print): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_

**Fee schedule: \$250 per semester per course**     Pay by Check / Money Order     Credit Card

**Option 1: Pay by Check/Money Order**

Please mail payment to:  
 TRECA iCredit Program  
 100 Executive Drive  
 Marion, OH 43302  
 740.389.4798 x791

**Option 2: Pay by Credit Card**

Name of Cardholder: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 16-Digit Card Number: \_\_\_\_\_  
 3-Digit Security Code: \_\_\_\_\_ Exp. Date (MM/YYYY): \_\_\_\_\_  
 Amount of Charge: \$ \_\_\_\_\_

