



Lakewood City Academy TRECA Program

Part I: Student Information

First Name _____ Last Name _____

Middle Name _____ Call Name _____

Append (Jr., III, etc.) _____ Gender [Male] [Female] Current Grade: _____

Address _____ City _____ State _____

Apt. _____ Zip Code: _____ Ohio County Residence _____

Home Phone Number: _____ Cell Number _____ Other _____

Cell Phone Number: _____

Contact Email _____

Date of Birth _____ Birth City _____ State _____

Mother's Maiden Name: _____

Ever attended online school before? [Yes] [No] If Yes, name of school _____

Are you currently attending school? [Yes] [No] Is currently home schooled? [Yes] [No]

Reason for leaving school: Expelled Suspension Attendance Concerns Other: _____

Are you Hispanic? (check one):

- Yes
- No

Race (check one):

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

Native Language: _____

ENG=English	CAM=Cambodian	HMN-Hmong	NAV=Navajo	SBC=Serbo/Croat	TRI=Trigryan
ALB= Albanian	CAN=Cantonese	JPN=Japanese	PTG=Portugese	SOM=Somali	UKR=Ukrainian
AMH= Amharic	CRE= Creole (French)	KOR=Korean	ROM=Romanian	SPN=Spanish	VTM=Vietnamese
ARA= Arabic	GER= German	LOA= Laotian	Rus=Russian	TAG=Tagalog	OTH=Other

Name of last school attended: _____

Reason For Leaving: _____

Approx. last Day att. _____

Part II: Legal Guardian Contact Information

Lives With Mother? [Yes] [No] Lives With Father? [Yes] [No]

If applicant does not live with either parent, then please use the Comments field to provide contact information for the legal guardian instead. Include address, if different than the applicant's address.

Mother's Information

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

Mother's Address: _____ Mother's City: _____

Mother's State _____ Zip Code: _____

Mother's Area Code and Work Phone: _____ ext. _____

Father's Information

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

Father's Address: _____ Father's City: _____

Father's State: _____ Zip Code: _____

Father's Area Code and Work Phone: _____ ext. _____

Contact Mailing Address (if different from applicant)

Contact Mailing Address _____ Contact Apt. _____

Mailing City _____ State _____ Zip _____

Guardian's Information

Relationship to Student: _____

Last Name: _____ First Name: _____

Home Phone: _____ Work Phone: _____ Ext or Dept: _____

Mailing Address(If different from student)

Street Address: _____ PO Box: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Email: _____

Does the student reside with this person? Yes No

Emergency Contact Information:

If unable to contact the parents or guardian above, please contact the individual listed below.

Relationship to Student: _____

Last Name: _____ First Name: _____

Home Phone: _____ Work Phone: _____ Ext or Dept: _____

Signature of Parent or Guardian Authorizing this Emergency Contact: _____

Part III: Special Needs Information

Does your student require Special Needs Services ? Yes No

If you answered "NO" to the above question, skip to part IV of the application.

Student Name: _____

Has your child been identified by an Evaluation Team (including a School Psychologist) as having a disability? YES NO

Has your child been identified by an Evaluation Team as having a disability under Section 504? YES NO

Please circle the disability category for which your child has been identified or participated in:

Section 504

Hearing impairment (Deafness)

Multiple Disabilities (Not Deaf/Blind)

Emotional Disturbance

Speech/Language Impairment

Traumatic Brain Injury

Other Health Impairment-Minor

Visual Impairment

Other Health Impairment-Major

Orthopedic Impairment

Specific Learning Disability

Cognitive Disability

Preschooler with a Disability (Ages 0-5)

Autism

Deaf-Blindness

Date of most recent Evaluation Team Report (ETR/MFE): _____

Date of most recent Individualized Education Plan (IEP): _____

Is your child currently receiving related services (i.e. speech, physical or occupational therapy)? Yes No

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

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

Part IV: Additional Information

TDA will provide an Internet Service Provider (home phone line required). or you may use another internet provider at your own cost

Your Provider _____ Is it? [DSL] [Cable] [Dial Up] [Other] _____

How did you learn about us: [ad- print] [ad-radio] [ad-TV] [internet search] [word of mouth] [from a school]

If other, please specify: _____

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

Part V a: Guidance Survey for Grades K-6

Who helps you with your school work? _____

Have you ever been held back a grade? [Yes] [No] What grade? _____

Do you plan to stay with TRECA into high school? [Yes] [No]

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

Part V b: Guidance Survey for Grades 7-12

What are your plans after high school? _____

[2-year College] [4-year College] [Military Work]

What are your educational goals at TRECA? _____

Do you plan to graduate with TDA? [Yes] [No] Are you a new or returning freshman? [Yes] [No]

Do you like to work at your own pace? [Yes] [No] Are you behind in your credits? [Yes] [No]

What was the curriculum at your previous school? [College Prep] [Advanced General Education]

Have you ever been held back a grade? [Yes] [No] What grade? _____

Part VI: Educational Management Information

Section One

Native Language _____

Is English the students native language? [Yes] [No]

Is English the only language spoken at the students home? [Yes] [No]

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

English 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, or parent or guardian, a migrant farm 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 Attended [Full Day] [Half Day] [Other]

IMPORTANT NOTE:

** Semester Classes assigned at the start of the school year must be completed before the end of the 1st semester or sooner. _____

** Semester Classes assigned at the start of the 3rd quarter must be completed by the end of the school year or sooner. _____

** Any classes that are not finished by the end of the school year will not be offered again on line and will need to be completed in summer school. _____

** Iso if you have a class, you are not working in it all year, and decided to start working in it in the 2nd, 3rd and 4th quarter and did not finish it, or there is very little work done, it will not be offered again. _____

** Any classes added to a student schedule in the 4th quarter will be loaded again the following year provided that student is working in that class on a regular basis. _____

** Any Classes added to the student in the 3 quarter will only be added the following school year ONLY if the student was working in that class every day and will need the approval of LCA Coordinator. _____

Note: Students are required a minimum of 25 hours a week to be logged on to the computer turning in work. LCA is required to review your classes and determine if you are working, and not offer that class again because you are not spending the required hours online.

Student Print _____

Student Sign _____

Date _____

Parent Print _____

Parent Sign _____

Date _____



Emergency Medical Form (2018-2019)

Student Info

Last Name: _____ First Name: _____ Date of Birth: _____
Home Phone / Cell: _____ Legal Guardian: _____
Home Address: _____ P.O. Box: _____
City, State: _____ Zip: _____

Legal Guardian (Relation to student? _____)

Last Name: _____ First Name: _____ Date of Birth: _____
Home Phone / Cell: _____ Work Phone: _____
Address: _____ P.O. Box: _____
City, State: _____ Zip: _____ Email: _____

** Optional ** Emergency Contact (Relation to student? _____)

Last Name: _____ First Name: _____
Home Phone / Cell: _____ Work Phone: _____
Address: _____
City, State: _____ Zip: _____ Email: _____

** Optional ** Emergency Contact (Relation to student? _____)

Last Name: _____ First Name: _____
Home Phone / Cell: _____ Work Phone: _____
Address: _____
City, State: _____ Zip: _____ Email: _____

INSTRUCTIONS FOR FOLLOWING PAGE

If you do NOT GIVE CONSENT to emergency treatment, skip Sections 1 & 2.
If you GIVE CONSENT to emergency treatment, complete Sections 1, 2, & 3.



Section 1: Emergency Medical Information

Food Allergies: _____

Insect Allergies: _____

Medicine Allergies: _____

Other Allergies: _____

Is EPI-PEN Required? _____

Current Medication: _____ Dosage: _____ Frequency: _____

Current Medication: _____ Dosage: _____ Frequency: _____

Current Medication: _____ Dosage: _____ Frequency: _____

Health Concerns (Diabetes, Asthma, etc.): _____

Additional Allergies, Medications, or Concerns? *Please email any lists or documents to records@treca.org.*

Section 2: Emergency Medical Providers

Preferred Physician: _____ Phone Number: _____

Preferred Dentist: _____ Phone Number: _____

M.D. Specialist: _____ Phone Number: _____

Preferred Hospital: _____ Phone Number: _____

Section 3: Consent/Refusal to Emergency Treatment

Please select one of the options below to indicate your consent or refusal to medical treatment for the student. Failure to check an option will result in a decision of refusal, and NO action will be taken.

- In the event reasonable attempts to contact the aforementioned parent(s)/guardian(s) has been unsuccessful, I give my consent for the administration of any treatment deemed necessary** by the emergency medical providers listed above.

** This authorization does not cover major surgery unless the medical options of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

- 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 school authorities to TAKE NO ACTION.

Parent / Guardian: _____ Signature: _____ Date: _____



Enrollment Policy (2018-2019)

TDA is a nontraditional school designed to serve at-risk students who are not learning effectively in more traditional educational environments. Because TDA is a distance learning school, an essential element of TDA's program is the ability of its students to learn independently in their own homes using an online educational program.

TDA serves students who are at risk of dropping out of (or of failing to learn effectively in) their current educational settings (or such other educational settings as are available to them in their respective public school districts). It also serves students who have a desire for, and whose education can be optimized by, a program of online instruction in an independent environment that does not include most ancillary components of a more traditional education.

These are the categories of students who fall within TDA's definition of *at risk* and who are therefore eligible to enroll:

- Students who are performing at or above grade level but who seek a more challenging curriculum and, in particular, who wish to capitalize upon the enrichment potential of individually-paced and independently-completed online instruction.
- Students who are performing below grade level and who wish to focus their education exclusively on an independent online course of study, starting at the student's current skill and knowledge level and building forward at a pace determined by the student in collaboration with online instructors.
- Students who have been removed from school for disciplinary reasons but who are committed to and capable of regaining their focus on academic pursuits in the independent and solitary context of online instruction delivered in their homes.
- Students who are successfully learning at home but whose homeschooling is insufficiently comprehensive and requires the kind of augmentation offered by TDA's formal and standards-based online curriculum.
- Students who are transient and seek the stability of a portable online educational program that is not linked to, and does not utilize, any particular physical school facility.

Additionally, a student's enrollment and successful participation in TRECA are predicated upon the following parameters. We ask that you initial next to each item to indicate your acknowledgement.

_____ (**further, the "student"**) and the student's parent/guardian must ensure the student's participation in any and all state-mandated tests.

_____ The student and the student's parent/guardian must provide within the home, at all times during which the student is engaged in TDA's program of study, adult supervision of such a nature as to ensure the student's safe and responsible participation in the program.

_____ The student and the student's parent/guardian will have access to the current on-line student handbook. It will be the guardian/ parent responsibility to become familiar with the contents and updates.

_____ Occasionally, face-to-face meetings with teachers or other staff may become necessary. In such cases, and except as otherwise agreed by TDA or required by law, the meeting will take place at TDA's Central offices in Marion, Ohio.

I have read, understand, and agree to abide by the terms of the foregoing Enrollment Policy.

Parent / Guardian: _____ Signature: _____ Date: _____



Acceptable Computer & Internet Use Policy (2018-2019)

As the parent or legal guardian of _____, (further, the "student") I have read, understand, and agree that my child or ward shall comply with the terms of the School District's Acceptable Computer and Internet Policy for the student's access to the School District's computer network and the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the School to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the Policy. I am, therefore, signing this Policy and agree to indemnify and hold harmless the School, the School District and the Data Acquisition Site that provides the opportunity to the School District for computer network and Internet access against all claims, damages, losses and costs, of whatever kind, that may result from my child's or ward's use of his or her access to such networks or his or her violation of the foregoing Policy.

Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in the School setting. I also accept full responsibility for all files, images, and information loaded and/or saved on the school issued electronic devices and file servers. I hereby give permission for my child or ward to use the building-approved account to access the School District's computer network and the Internet.

Parent / Guardian: _____ Signature: _____ Date: _____

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the foregoing Acceptable Computer and Internet Use Policy. I also accept full responsibility for all files, images, and information loaded and/or saved on the school issued electronic devices and file servers. Should I commit any violation or in any way misuse my access to TRECA's computer network and the Internet, I understand and agree that my access privilege may be revoked and disciplinary action may be taken against me.

If I am signing this Policy when I am under 18, I understand that when I turn 18, this Policy will continue to be in full force and effect and I agree to abide by this Policy.

Are you 18 years or older? _____

Student: _____ Signature: _____ Date: _____



Lakewood City Academy



Publicity Form (2018/2019)

I understand that there may be situations when/where TRECA Digital Academy will have the opportunity to interview, photograph, or videotape the student _____.
(student name)

Do you give TRECA Digital Academy permission to use quotes, photographs, or video footage for publicity or other venues in relation to promoting TRECA and its partner Digital Academies? _____
(yes / no)

Parent / Guardian: _____ Signature: _____ Date: _____



School/Family Pledge (2018-2019)

TRECA Digital Academy and the parents of its students agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State of Ohio's high standards.

TRECA's Commitment

As a commitment to the family, TRECA promises to:

- Provide the student with high-quality online individualized instruction with support of teachers and support staff in compliance with all requirements of the state of Ohio.
- Contact the parent or guardian of each student by phone, email, or U.S. mail in the event that the student falls behind in attendance or work submission.
- Provide information about student progress continuously through the TDA online gradebook. Parents will have 24-hour access to the gradebook.
- Provide posted hours during which teachers and advisors may be reached through email or chat.
- Provide the student with the equipment necessary to access their learning environment.

Family Consequences

The family's failure to live up to the compact can result in any combination of the following:

- Students and parents will receive a call on the day after the student has been absent.
- Parents and students may be required to attend face-to-face, online, or telephone conferences with teachers to discuss progress.
- A SAFE representative may make a home visit to assess barriers to learning.
- Students who neglect to log in to the learning environment will be treated as absent and may be referred to truancy and police officials. Prolonged absences may result in removal from the school according to Ohio law.

Please continue on the following page.

**Parent Pledge**

As a commitment to _____ (further, the "student") and TRECA. We ask that you initial next to each item to indicate your acknowledgement.:

_____ I will ensure that my child logs in for the required 5.2 hours each scheduled school day. I will ensure that my child submits work daily in accordance with his/her school calendar in each course. I will check this progress using the TDA gradebook. If I am unsure of how to check my child's progress, I will ask for assistance from the TDA staff.

_____ I understand that there are acceptable reasons for an excused absence. I understand that there is a requirement to notify the attendance officer of my circumstances and provide appropriate documentation.

_____ I will read notices from the school and communicate with teachers or others about questions that I have about school policies or my child's progress. I will participate in parent-teacher-student communication and/or conferences, as well as other school events.

_____ I will promote positive use of my child's extracurricular time.

_____ I will keep all of my parent log in information confidential and accessible.

I agree that by enrolling my child in TRECA Digital Academy that I am providing a means for the most effective environment for learning. I understand that if there is a breach in the pledge, my student may be subject to an intervention plan, which may require an on-site meeting with TDA administration. If at any time that I discover that TRECA Digital Academy is not an optimal placement for my son/daughter, I will withdraw my child voluntarily.

Parent / Guardian: _____ Signature: _____ Date: _____

Please continue on the following page.



Student Pledge

As a commitment to my education and TRECA. We ask that you initial next to each item to indicate your acknowledgement:

_____ I understand that the start date for my courses will be my orientation date. This is my first day of school.

_____ I will log on to the learning environment each scheduled school day for 5.2 hours according to my school calendar. If I am unable to log on due to illness or other circumstances, I will make up all work that I have missed so that I do not drop below an acceptable rate of progress. I understand that there are acceptable reasons for an excused absence. I understand that there is a requirement to notify the attendance officer of my circumstances and provide appropriate documentation.

_____ I understand that this is a self-directed program, and that I am responsible to reach out to my teacher, advisor and/or my school counselor when there is a barrier preventing me from completing schoolwork.

_____ I will review all course expectations, read the syllabus, and become familiar with all grading policies.

_____ I will complete work in each class each day to ensure I am making satisfactory progress. I understand that I am responsible to log in daily and complete school work for no less than 5.2 hours a school day.

_____ I understand that it is my responsibility to keep track of progress, and make sure that all of my courses are complete by the end of my school calendar.

_____ I will communicate regularly with my teachers.

_____ I understand that if I have technical difficulties, I am responsible to make contact with the Call Center to resolve the issue.

_____ I understand that the plagiarism policy states that plagiarism may result in being asked to redo the assignment, receiving a 0 for the assignment, or not receiving credit for the course.

_____ I understand that if there is a breach in this agreement we are subject to an intervention plan, which may require an on-site meeting with TDA administration.

Are you 18 years or older? _____

Student: _____

Signature: _____

Date: _____



Congrats! You made it!

Thanks for taking the time to complete this packet!

Please make sure to review your answers before returning!

Once the packet has been returned, we will supply you with any additional information.



Lakewood City Academy

