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| 716 Union Street  Ashland, Ohio 44805 | A close-up of a logo  Description automatically generatedP: 419.903.0295  F: 419.903.0341  www.accaaces.org |
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**2024-2025 ACCA STUDENT APPLICATION FOR ENROLLMENT**

***STUDENT INFORMATION*** Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_

Gender: Male Female

Race: Caucasian African American Hispanic Asian

Multi-Racial  Native American Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

District of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current School of Attendance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (even if 18yrs+): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student receive support from any of the following? Social Security Medicaid WIA

Is the student currently on probation? Yes No Is the student employed? Yes No

Were you referred by your home district? Yes No

How did you hear about ACCA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION INFORMATION**

How does the student get to school? walks parent/guardian Bus Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the student need transportation to and from school? Yes No

**ACADEMIC/ATTENDANCE INFORMATION**

Does the student have a current IEP? Yes No Is the student currently on a 504 Plan? Yes No

Has the student been on/or is currently on an Attendance Intervention Plan? Yes No

Has the student been deemed truant? Yes No

**Check all that apply:**

Student is currently failing 2 or more classes Student is in need of Credit Recovery

Student is deficient in Reading Student is deficient in Math

Student is at least 1 year behind academically Habitually Absent from School

Often late to school Often leaves early from school

**PROGRAM INFORMATION:** ACCA’s Program is designed to fit the needs of each student and their appropriate graduation pathway (as outlined by the Ohio Department of Education for each cohort).

*My student/ I would be interested in: (check all that apply)*

Earning State and Local Graduation Seals (count towards graduation requirements)

Industry Credential Program (enter in 10th)

Career-Based Intervention Program (enter in 10th/Work-Based Learning)

College Credit Plus (enter in 11th)

Internship Opportunities (if applicable)

**INTERVENTION SERVICES:**

*My student is need of the following academic interventions:*

Credit Recovery/Credit Flex Smaller Class Sizes Career Readiness College Readiness

Access to Individualized Academic Help Life Skills/Financial Literacy After School Tutoring

*My student is in need of the following interventions that support academic success:*

A Safe Place to Learn and Engage Improving Communication Skills

Acquiring Coping Skills Social-Emotional Learning

Time Management/Organization Peer Mentoring

Behavior Modification Involvement in Extracurricular activities

*I would be interested in talking with the School Liaison or Student Guidance or receiving more information about the following intervention services (check all that apply):*

On-Site Counseling for student (at ACCA/during school hours)

Information about Off Site Counseling for Student

Information about Counseling/Support Services for Parent/Guardian

Access to Mental Health and Recovery Programs

Transitional Age Youth Services (for student)

Support Service Information pertaining to Basic Needs (food/shelter/clothing/employment/medical)

**APPLICATION SIGNATURE**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature (if 18yrs) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OFFICE USE ONLY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Staff Processing Application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Records and Transcripts were received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initials \_\_\_\_\_\_\_

9th Grade Cohort \_\_\_\_\_\_\_\_\_\_ Drop Out Recovery Student

Initial School Year Intake/Orientation for Enrollment Packet will be scheduled prior to Aug 31st

***If application received after August 30th:***

Enrollment Meeting Date & Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_at\_\_\_\_\_\_\_\_\_\_ with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:

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