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| 716 Union StreetAshland, Ohio 44805 | A close-up of a logo  Description automatically generatedP: 419.903.0295F: 419.903.0341www.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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