DECA PREP Application (Grades 1st – 4th)

ENROLLMENT CONTACT INFO: CHRISTA PONDER PHONE: 937-610-0110 Ext. 21 FAX: 937-260-4476 EMAIL: dpadmissions@gaytoneyearlycollege.org [EMAIL IS PREFERRED]

Vital Admission Checklist- RETAIN THIS SHEET

Applications will not be considered for admission unless all fields and signatures are completed on the following:

- Application/Registration worksheet
- Parent/Guardian Expectation form
- Residency Status form
- Home Language Survey
- Special Education/504 Plan form
- Health Information form

- Emergency Medical form
- Photo Release form
- 1 student evaluation form
- Signed Release of Records form
- Transportation Verification/ Pick up form
- Parent/Guardian Sign-off sheet

In addition, applications will not be considered for admission unless all of the following records and documents are received by DECA Prep. **Parents are responsible for bringing copies of the following documents:**

- Current/prior year report cards and attendance records
- Current/prior year standardized test scores
- 4th grade applicants – FALL 2019 Ohio State Testing scores
- Health/Immunization records
- IEP/ETR Documentation (if applicable)
- Proof of address:

Per ORC 3314.11, the following documents may serve as evidence of primary residence:

A deed, mortgage, lease, current home owner's or renter's insurance declaration page, or current real property tax bill; A utility bill or receipt of utility installation issued within ninety days of enrollment; A paycheck or paystub issued to the parent or student within ninety days of the date of enrollment that includes the address of the parent's or student's primary residence; The most current available bank statement issued to the parent or student that includes the address of the parent's or student's primary residence; Any other official document issued to the parent or student that includes the address of the parent's or students primary residence. The superintendent of public instruction shall develop guidelines for determining what qualifies as an "official document" under this division.

- Custody paperwork (if applicable)

  IT IS OHIO STATE LAW THAT EACH STUDENT PROVIDE A CERTIFIED COPY OF ANY CHILD CUSTODY ORDER OR DECREE WHICH HAS BEEN ISSUED WITH RESPECT TO THE STUDENT. THE CUSTODIAL PARENT OF SUCH STUDENT MUST ALSO PROVIDE THE DECA PREP BOARD OF TRUSTEES WITH CERTIFIED COPIES OF ANY LATER COURT ORDERS WHICH MODIFY THE ORIGINAL CUSTODY ORDER OR DECREE. [Ohio Revised Code 3313.672(b)]

DECA Prep will **only** make copies of the following:

- Student birth certificate
- Student social security card
- Parent/guardian ID

All DECA PREP, Inc., educational programs are available to its students without regard to race, creed, color, national origin, sex and disability, as well as parent/guardian education level.

Updated 1/13/2020
DECA PREP Application

Enrollment Contact Info: Christa Powder Phone: 937-610-0110 Ext. 21 Fax: 937-260-4478 Email: dpadmissions@daytonearlycollege.org (Email is preferred)

Keep this page for future reference

January 13, 2020 - Open Enrollment Begins for grades K-4

Applications available at DECA Prep, 200 Homewood Ave and at www.daytonearlycollege.org (under the admissions tab)

Evaluation Form:
Teacher should complete student evaluation form, seal in envelope and release to parent.

Enrollment Information Meetings at DECA Prep:

Attendance at one meeting is required prior to submitting an application. Applications that are faxed or emailed will not be considered for admission. All applications must be hand delivered.

Saturday, January 18, 2020 @ 9:30 a.m.
Thursday, January 23, 2020 @ 6:00 p.m.
Saturday, February 8, 2020 @ 9:30 a.m.
Thursday, February 20, 2020 @ 6:00 p.m.
Saturday, March 7, 2020 @ 9:30 a.m.
Thursday, March 19, 2020 @ 6:00 p.m.
Saturday, March 28, 2020 @ 9:30 a.m.

The number of students accepted will be based on year-end attrition and promotion of students to the next grade level. The maximum number of Kindergarteners will be 105, 105 1st graders, 105 2nd graders, 105 3rd graders and 105 4th graders. Applications received after enrollment limits have been reached will be placed on a waiting list.

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Updated 1/13/2023
# DECA PREP Application – Student Application/Registration Worksheet

**Student Information:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Grade Entering</th>
<th>Date of Birth:</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

| Address: | | | | | | |
| City: | | | | | | ZIP Code: |
| Telephone ( ) | | Current Grade: |

<table>
<thead>
<tr>
<th>Social Security Number:</th>
<th>City &amp; State of Birth:</th>
<th>Mother’s Maiden Name</th>
</tr>
</thead>
</table>

**Answer all of the following:**

**How did you hear about us?**
- Facebook
- Radio
- Twitter
- Other

**Ethnicity:**
- Non-Hispanic/Latino
- Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture regardless of race)

**Race (choose one or more):**
- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**Homeless Status:**
- yes
- no

- If yes, check one:
  - lives in public operated shelter
  - lives in privately operated shelter
  - lives with friends or relatives
  - Other:

<table>
<thead>
<tr>
<th>U.S. Citizen:</th>
<th>Exchange student</th>
<th>Other</th>
<th>Country of Origin:</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>no</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Limited English Proficiency:</th>
<th>Has your child ever been retained?</th>
<th>If yes, what grade?</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>no</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does your child have an IEP?</th>
<th>Has your child been in any gifted program in school?</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>

**Parent/Guardian Information:**

<table>
<thead>
<tr>
<th>Father</th>
<th>Mother</th>
<th>Step Parent</th>
<th>Guardian</th>
<th>Foster Parents (Circle appropriate status)</th>
</tr>
</thead>
</table>

| Name: | | | | |
| Address: | | | | |
| City/ZIP: | | | | |
| Primary Phone: | | Cell or Home |
| Secondary Phone: | | Cell or Home |
| Email Address: | | |
| Employer: | | |
| Address: | | |
| Work Phone: | | |

<table>
<thead>
<tr>
<th>Military Status (circle one):</th>
<th>Active Duty</th>
<th>National Guard</th>
<th>Reserves</th>
<th>N/A</th>
</tr>
</thead>
</table>

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</table>

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| Address: | | | | |
| City/ZIP: | | | | |
| Primary Phone: | | Cell or Home |
| Secondary Phone: | | Cell or Home |
| Email Address: | | |
| Employer: | | |
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<th>Reserves</th>
<th>N/A</th>
</tr>
</thead>
</table>

Updated 1/3/2020
**Custodial Information**

IT IS OHIO STATE LAW THAT EACH STUDENT PROVIDE A CERTIFIED COPY OF ANY CHILD CUSTODY ORDER OR DECREE WHICH HAS BEEN ISSUED WITH RESPECT TO THE STUDENT. THE CUSTODIAL PARENT OF SUCH A STUDENT MUST ALSO PROVIDE THE BOARD OF EDUCATION WITH CERTIFIED COPIES OF ANY LATER COURT ORDERS WHICH MODIFY THE ORIGINAL CUSTODY ORDER OR DECREE. [Ohio Revised Code 3313.672(b)]

**PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS THAT APPLIES TO YOUR CHILD/STUDENT:**

- A. Child lives with natural parent(s) or with legally adoptive parents.
- B. Parents are divorced or legally separated; child resides with parent who has legal custody by court order.
  
  (if this is the case, you must provide the school with a copy of the court order within 30 days)
- C. Parents are divorced or legally separated; child resides with parent who **DOES NOT** have legal custody.
  
  (if this is the case, you must obtain legal custody within 60 days)
- D. Child lives with a Guardian who has been granted legal custody by court order.
  
  (if this is your situation, you must provide the school with a copy of the court order)
- E. Child lives with a Guardian who **HAS NOT** been granted legal custody by court order.
  
  (if this is your situation, you must obtain legal custody within 60 days)
- F. Child lives with Foster Parents.
  
  (if this is your situation, you must provide all necessary custodial agency paperwork designating proof of district responsibility for educational costs and previous school records at the time of application – YOUR CHILD WILL NOT BE ENROLLED WITHOUT MEETING ALL THESE REQUIREMENTS)

**School History**

<table>
<thead>
<tr>
<th>CURRENT:</th>
<th>City/ST</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>PREVIOUS:</th>
<th>City/ST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Family Information:** Do you have another child that is enrolled at DECA PREP/Middle/High? If yes, please fill out the information below.

<table>
<thead>
<tr>
<th>Name of Student:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Grade:</td>
<td></td>
</tr>
<tr>
<td>Do they live in the same house?</td>
<td></td>
</tr>
</tbody>
</table>

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<td>Current Grade:</td>
<td></td>
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<tr>
<td>Do they live in the same house?</td>
<td></td>
</tr>
</tbody>
</table>

**Education Information:** What is the highest level of education your child's parent(s) or guardian(s) has obtained? Please circle one.

- No Degree
- High School Diploma
- Some College
- Associate's Degree (two year degree)
- Bachelor's Degree (four year degree)
- Master's Degree or higher
- Unsure
DECA PREP Application
PARENT/GUARDIAN EXPECTATIONS

Student's Name ____________________________ Parent/guardian completing this form

DECA PREP is a college preparatory school. Parents or guardians, please complete these few questions below:

1. What are your expectations for DECA PREP for your child?

2. What are your expectations for your child as a student at DECA PREP?

3. How do you expect to be involved in your child's education at DECA PREP?

4. Why do you think DECA PREP is a good match for your child?

5. ___ Yes ___ No My child will be the first generation in the family to attend college. (*It is not mandatory to be the first generation to be accepted into DECA PREP).

Thanks!

All DECA PREP, Inc., educational programs are available to its students without regard to race, creed, color, national origin, sex and disability.

Updated 1/13/2020
DECA PREP Application
Residency Status

Current proof of residency will be required prior to final acceptance.

Please check one:

Yes  No  My child lives with a parent or legal guardian, who is currently a resident of the Dayton Public School District. (Custodial paperwork must be submitted with application if applicable.)

Yes  No  My child will become a Dayton Public School district resident prior to the start of the 2020-21 school year.

Yes  No  My child does not live in the DPS District.

Updated 1/13/2023
DECA PREP Application
Home Language Survey

Student's Last Name ___________________  First ___________________  Middle ___________________
Date of Birth __________  Place of Birth: City __________  State ______  Country ________________

Please answer the following questions:

What language(s) did your child learn to speak when he/she first learned to talk?
____________________________________________________________________________________

What language does your child use most frequently at home?
____________________________________________________________________________________

What language do the parents speak most frequently to the child?
____________________________________________________________________________________

If you want to write more about one of the question above, please use this space:

Name: ____________________________________________  Signature: __________________________________
Date: ________________
DECA PREP Application
Special Education/504 Plan Form

Student Name: ___________________________ Date of Birth: __________

Student is NOT currently receiving special education services.
If checked, you do not have to complete the rest of the form—just sign at the bottom.

Student IS currently receiving special education services and being served on an IEP (Individualized Education Plan)
If checked, please fill out the rest of the form and sign at the bottom.

Student IS currently on a 504 Plan.

I have provided a current copy of the IEP.

I do not have a current copy of the IEP.

I have provided a copy of the Multi-factored Evaluation (MFE).

I do not have a current copy of the MFE.

I have provided a 504 Plan.

I have signed the record release form giving my permission to release Special Education or 504 Plan information to DECA PREP.

______________________________
Parent/Guardian Signature

______________________________
Date

Updated 1/13/2023
DECA PREP Application
Health Information Form

Please complete the following health questionnaire regarding your student. The information will be reviewed by the school nurse and shared with school personnel as necessary.

Student name: ____________________________ Date: ________________
Entering Grade: __________

Does your student have?
Asthma _____  Seizure Disorder _____  Heart Disease _____  Other __________________________
Diabetes _____  ADD/ADHD _____  Cancer _____

Does your student have food, inhalant, or stinging insect allergies? Yes ___ No ___
If yes, please describe the reaction and medications used: ________________________________

______________________________

Does your student have a physical disability and/or limitation? Yes ___ No ___
If yes, please explain: ____________________________________________________________

Please list all medications your student takes on a regular basis and why:
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

Will he/she need to take a medication during the school hours? Yes ___ No ___
(If yes, please request the Permission to Administer Medication form)

Does your student wear glasses? Yes ___ No ___  Contact lenses? Yes ___ No ___

Does your student have hearing loss? Yes ___ No ___  Hearing aid? Yes ___ No ___

Please list any other health history or medical information that school personnel should be aware of?
______________________________

______________________________

Parent/Guardian Signature ____________________________ Date ________________

Updated 1/13/2023
DECA PREP
EMERGENCY MEDICAL AUTHORIZATION 2020-21

Date

Student’s Last Name First Middle M/F Sex Date of Birth Home Phone

Student’s Address Zip

Father/Guardian Employed by Work Phone

Mother/Guardian Employed by Work Phone

ALTERNATIVE PERSONS TO BE NOTIFIED WHEN PARENTS CANNOT BE REACHED

(1) Name Phone (2) Name Phone

EITHER PART I OR PART II MUST BE COMPLETED

Part I: CONSENT GRANTED
In the event reasonable attempts to contact Parent/Guardian at Phone have been unsuccessful, I hereby give
my consent for (1) Administration of any treatment deemed necessary by Dr. Preferred Physician or Dr. Preferred Dentist or in the event the preferred practitioner is not available, by another licensed physician or dentist; and (2) The transfer of the child to: Preferred Hospital or any hospital reasonably accessible.

THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICIANS/DENTISTS CONCURRING IN THE NECESSITY FOR SUCH SURGERY ARE OBTAINED BEFORE SURGERY IS PERFORMED. PLEASE LIST BELOW FACTS CONCERNING THE CHILD’S MEDICAL HISTORY OR ANY PHYSICAL IMPAIRMENT TO WHICH A PHYSICIAN SHOULD BE ALERTED.

Has your child ever had: Heart Trouble  Tuberculosis   Epilepsy   Diabetes   Other

Explain any Allergy or Disease causing difficulty:

Explain any regular use of medicine:

DATE SIGNATURE OF PARENT/GUARDIAN ADDRESS

Part II: CONSENT REFUSED
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 THE SCHOOL AUTHORITIES TO TAKE

NO ACTION OR TO:

Date Signature of Parent/Guardian Address

Updated 1/13/2020
DECA Prep

Photo Release Form

2020-21

I authorize DECA Prep or DECA to use the name of my child and photographs in which my child appears for the purpose of promoting DECA Prep or DECA through publications released by DECA Prep or DECA. Such publications include, but are not limited to, alumni publications, campus publications, press releases and other outlets, electronic versions of the same publications, or other electronic forms of media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

Name of child: ________________________________

Address: ____________________________________

Telephone: _________________________________

Name of Parent/Guardian: ______________________

Signature: ________________________________ Date: ______________

_____ I authorize the use of my child’s photo as described above

_____ I do not authorize the use of my child’s photo as described above

Updated 1/13/2020
STUDENT EVALUATION - PLEASE COMPLETE AND RETURN TO PARENT IN AN ENVELOPE TO BE COMPLETED BY CURRENT OR RECENT TEACHER:

Student’s Name ____________________________  Current School ____________________________  School Phone Number ____________________________

I. ACADEMIC EVALUATION

Please indicate below your estimation of this student’s performance in comparison to all students his/her age, not only those in his/her classes but those he/she will most likely encounter in high school. (please circle)

<table>
<thead>
<tr>
<th></th>
<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading Achievement</td>
<td>Superior</td>
<td>Above Average</td>
<td>Average</td>
<td>Below Average</td>
<td>Poor</td>
</tr>
<tr>
<td>Mathematical Achievement</td>
<td>Superior</td>
<td>Above Average</td>
<td>Average</td>
<td>Below Average</td>
<td>Poor</td>
</tr>
<tr>
<td>Oral English Achievement</td>
<td>Superior</td>
<td>Above Average</td>
<td>Average</td>
<td>Below Average</td>
<td>Poor</td>
</tr>
<tr>
<td>Written English Achievement</td>
<td>Superior</td>
<td>Above Average</td>
<td>Average</td>
<td>Below Average</td>
<td>Poor</td>
</tr>
<tr>
<td>Mental Ability</td>
<td>Superior</td>
<td>Above Average</td>
<td>Average</td>
<td>Below Average</td>
<td>Poor</td>
</tr>
<tr>
<td>Academic Motivation</td>
<td>Superior</td>
<td>Above Average</td>
<td>Average</td>
<td>Below Average</td>
<td>Poor</td>
</tr>
<tr>
<td>Completion of Assignments</td>
<td>Superior</td>
<td>Above Average</td>
<td>Average</td>
<td>Below Average</td>
<td>Poor</td>
</tr>
<tr>
<td>Personal Initiative</td>
<td>Superior</td>
<td>Above Average</td>
<td>Average</td>
<td>Below Average</td>
<td>Poor</td>
</tr>
<tr>
<td>Daily Attendance</td>
<td>Superior</td>
<td>Above Average</td>
<td>Average</td>
<td>Below Average</td>
<td>Poor</td>
</tr>
<tr>
<td>Class Participation</td>
<td>Superior</td>
<td>Above Average</td>
<td>Average</td>
<td>Below Average</td>
<td>Poor</td>
</tr>
<tr>
<td>Level of Respect (self &amp; others)</td>
<td>Superior</td>
<td>Above Average</td>
<td>Average</td>
<td>Below Average</td>
<td>Poor</td>
</tr>
<tr>
<td>Ability to Seek Assistance</td>
<td>Superior</td>
<td>Above Average</td>
<td>Average</td>
<td>Below Average</td>
<td>Poor</td>
</tr>
<tr>
<td>Ability to Work Independently</td>
<td>Superior</td>
<td>Above Average</td>
<td>Average</td>
<td>Below Average</td>
<td>Poor</td>
</tr>
</tbody>
</table>

In my opinion, this student works: _____ above ability  _____ at ability  _____ below ability

II. DISCIPLINARY EVALUATION

Has the student ever been expelled?  ____ Yes  ____ No  If yes, explain below:

Has the student ever been suspended (in-school or out-of-school)?  ____ Yes  ____ No  # of days ______

Briefly indicate reasons for suspension: (i.e. tardiness, fighting, cheating, etc.):

III. SUMMARY INFORMATION

1. How long have you known this student and in what capacity?

2. Does the student have any significant health problems or physical disabilities?  ____ Yes  ____ No  If yes, briefly describe:

3. Does the student have a diagnosed learning disability?  ____ Yes  ____ No
   If yes, does the student have an active IEP or 504 plan?  ____ Yes  ____ No

4. Are there any type of educational accommodations made for this student?  ____ Yes  ____ No

5. Can this child be successful in a rigorous college prep program?  ____ Yes  ____ No
   Comments:

6. Are there student-specific concerns (disciplinary, academic, etc.) that you would like to discuss by phone?  ____ Yes  ____ No

Please add on back of this form anything else you would like us to know about this student.

Evaluator’s Printed Name ____________________________________________  Evaluator’s Position ____________________________

Evaluator’s Signature ____________________________________________  Phone Number ______/____/____

Date ______/____/____

Updated 1/13/2023
SECTION 3313.712, OHIO REVISED CODE
(Pursuant to Am. H.B. 1175)

(A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first of October, have provided to the parent or legal guardian of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall within thirty days after the entry of any pupil into a public school in this state for the first time, provide the parent or legal guardian of such pupil, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section.

When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local or joint vocational school district to which the pupil is transferred. Upon request of his parent or guardian, authorities of the school in which the pupil is enrolled may permit such parent or guardian to make changes in a previously filed form, or to file a new form.

If a parent or guardian does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child.

Even if a parent or guardian gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extra-curricular activity authorized by the appropriate school authorities, the authorities of the school in which the pupil is enrolled shall make reasonable attempts to contact the parent or legal guardian before the treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.
RELEASE OF RECORDS REQUEST (SUBMIT TO DECA PREP)

This is NOT a withdrawal form. Requesting release of school records does not guarantee enrollment for the 2020-21 school year, until the registration process has been finalized.

Parent Signoff
I hereby give permission for ____________________________ (CURRENT SCHOOL) to release copies of the school records of ____________________________ (STUDENT NAME) to DECA Prep for application/admissions consideration.

Such records include, but are not limited to, course grades, standardized test results, Individualized Education Plans (IEP's), attendance records, school health record, conduct reports, and evaluation reports such as psychological/educational evaluations.

PARENT/GUARDIAN SIGNATURE (DATE) STUDENT SIGNATURE (DATE)

To be completed by the designated DECA Prep school official:

DECA Prep is requesting the following information and records:

Student Name ____________________________

☐ Please send copies of all records below:
☐ birth certificate
☐ social security card
☐ current mid-year report card / attendance record
☐ final report card / attendance record from PREVIOUS grade
☐ standardized test scores from current and previous grade
☐ health/immunization record
☐ custody paperwork (if applicable)

☐ Is the student on an Individualized Education Plan (IEP)? _____ Yes _____ No
☐ If yes, are copies of the IEP and MFE enclosed? _____ Yes _____ No (REQUIRED)

☐ Number of suspensions student had last year: ______
☐ Number of expulsions: ______
☐ Has this student been asked to leave a school? _____ Yes _____ No
☐ Is this student currently in an ESL/Bilingual program? _____ Yes _____ No
☐ Does the student receive any support services other than special education? _____ Yes _____ No

If so, please indicate services provided:

__________________________________________________________

__________________________________________________________

School Requestor’s Name ____________________________ Title ____________________________

School Requestor’s Signature ____________________________ Date / / Phone ____________________________
### Verification Form
**Transportation/Pick-Up**

**2020-21**

Student's Name: ____________________________

I am permitting the following persons to transport my child to/from school. I understand that if a person that is not on the following list shows up to transport my child, the school will not release the student without first contacting the parent/guardian. *Valid ID must be presented when picking up.*

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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</tr>
<tr>
<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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</table>

The following persons are **NOT** permitted to transport my child (if applicable):

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<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>PHONE NUMBER</th>
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<tbody>
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Parent/Guardian Signature: ____________________________ Date: __________________

Updated 1/13/2023
DECA Prep Application
Family Agreement
2020-21

DECA PREP and its students and their families work together on behalf of the students. I understand the importance of my role in the home/school partnership to the welfare of my child, and I agree to support this partnership in all possible ways, including:

Relationships:
- Developing a strong partnership between the family and the school to best meet the needs of my child and others.
- Working as a team to solve issues and to communicate effectively with respect and care.
- Using constructive, meaningful language with children and others with whom I interact.
- Partnering and cooperating with the school should any discipline issues occur with my child.
- Providing DECA PREP office personnel with two working phone numbers at all times and updating new contact information as soon as it becomes available.

Excellence:
- Ensuring that my child’s homework is completed daily and signed as appropriate.
- Ensuring that all school materials, bags, and equipment are returned on time.

Accountability:
- Ensuring my child arrives to school and is picked up from school in a timely manner.
- Returning the school folder each day, complete with the necessary forms and/or materials and signed by a family member.
- Adhering to the health policies as stated in the handbook and making appropriate arrangements so my child is picked up in a timely manner should he/she become ill during the school day.
- Attending all scheduled parent-teacher conferences, scheduled home visits, Family Information/Engagement nights, in support of my child and his/her school.
- Adhering to the student code of conduct.
- Responding promptly to all calls from the school regarding any issues with my child’s behavior.
- Ensure all required documents are complete and submitted to the administration office.

Leadership:
- Taking an active role in my child’s education, in part by discussing school and learning with my child, and enforcing the importance of being a leader at school and at home.
- Addressing my child’s teacher immediately if a concern arises. If an issue is not resolved to my satisfaction, it is my responsibility to communicate with the Principal.

I have read and agree to the terms outlined above in the DECA PREP Family Contract.

I understand that the reason for this contract is that DECA PREP recognizes the family as a partner in education of my child and his/her success depends on our commitment to that partnership.

Updated 1/13/2023
DECA Prep Application

DIRECTORY INFORMATION POLICY NOTIFICATION

DECA PREP has approved the following policy regarding student directory information:

Each year the Principal shall provide public notice to students and their parents of its intent to make available, upon request, certain information known as "directory information." The Board designates as student "directory information": a student's name; address; telephone number; date and place of birth; major field of study; participation in officially-recognized activities and sports; height and weight, if a member of an athletic team; dates of attendance; date of graduation; awards received; honor rolls; scholarships; telephone numbers only for inclusion in school or PTO directories or email addresses.

Directory information shall not be provided to any organization for profit-making purposes.

Parents and eligible students may refuse to allow the Board to disclose any or all of such "directory information" upon written notification to the Board.

In accordance with Federal and State law, the Board shall release the names, addresses, and telephone listings of secondary students to a recruiting officer for any branch of the United States Armed Forces or an institution of higher education who requests such information. A secondary school student or parent of the student may request in writing that the student's name, address, and telephone listing not be released without prior consent of the parent(s)/eligible student. The recruiting officer is to sign a form indicating that "any information received by the recruiting officer shall be used solely for the purpose of informing students about military service and shall not be released to any person other than individuals within the recruiting services of the Armed Forces." The Principal is authorized to charge mailing fees for providing this information to a recruiting officer.

Whenever consent of the parent(s)/eligible student is required for the inspection and/or release of a student's health or educational records or for the release of "directory information," either parent may provide such consent unless agreed to otherwise in writing by both parents or specifically stated by court order. If the student is under the guardianship of an institution, the Principal shall appoint a person who has no conflicting interest to provide such written consent.

The Board may disclose "directory information" on former students without student or parental consent.

The Board shall not permit the collection, disclosure, or use of personal information collected from students for the purpose of marketing or for selling that information (or otherwise providing that information to others for that purpose).

Parents may:

A. inspect and review the student's educational records;

B. request amendments if the parent believes the record is inaccurate, misleading, or violates the student's privacy rights;

C. consent to disclosures of personally-identifiable information contained in the student's educational records, except to those disclosures allowed by the law;

D. challenge Board noncompliance with a parent's request to amend the records through a hearing;

E. file a complaint with the Department of Education;

F. obtain a copy of the Board's policy and administrative guidelines on student records.

Updated 1/13/2023
The Principal has developed procedural guidelines for:

A. the proper storage and retention of records including a list of the type and location of record;

B. informing Board employees of the Federal and State laws concerning student records.

The Board authorizes the use of the microfilm process or electromagnetic processes of reproduction for the recording, filing, maintaining, and preserving of records.

No liability shall attach to any member, officer, or employee of this Board as a consequence of permitting access or furnishing student records in accordance with this policy and regulations.

Any staff member who shares confidential information with another person not authorized to receive the information may be subject to discipline.

R.C. 9.01, 149.41, 149.43, 1347 et seq., 3113.33, 3319.321
34 C.F.R. Part 99
20 U.S.C., Section 1232f through 1232i (FERPA)
26 U.S.C. 152
20 U.S.C. 1400 et seq., Individuals with Disabilities Education Act
20 U.S.C. 7908
Parent/Guardian Sign-Off Sheet

DECA Prep Family Agreement 2020-21

I, ___________________________________________ (parent/guardian), of ___________________________________________ (student name), have read and agree to the school, parent and student responsibilities outlined in the Parent/Guardian Agreement. I understand that a copy of this contract will remain on file and in effect throughout my child's school career.

Parent/Guardian: ______________ Initial

DECA Prep Photo Release Form - 2020-21

I authorize DECA Prep or DECA to use the name of my child and photographs in which my child appears for the purpose of promoting DECA Prep or DECA through publications released by DECA Prep or DECA. Such publications include, but are not limited to, alumni publications, campus publications, press releases and other outlets, electronic versions of the same publications, or other electronic forms of media. Classes may also be videotaped for the purpose of instructional assessment and improvement.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

________ I authorize the use of my child’s photo as described above  ______ I do not authorize the use of my child’s photo as described above

Parent/Guardian: ______________ Initial

Acknowledgement of Directory Information Policy Notification - 2020-21

I acknowledge that I have received a copy of DECA Prep’s policy regarding Directory Information. I understand that if I do not wish for any directory information on my child to be released, I must indicate that in writing to the DECA Prep Board.

Parent/Guardian: ______________ Initial

Acknowledgement of Mandatory Attendance at Monthly cP c Meetings 2020-21

I acknowledge that I have been notified of DECA Prep’s policy regarding mandatory attendance at monthly cP c Meetings. I understand that if I cannot attend the monthly meetings I will send someone in my place.

Parent/Guardian: ______________ Initial

Signature of Parent/Guardian  ____________________________  Signature of Parent/Guardian

Updated 1/13/2020