

DECA PREP Application (Grades 1st – 4th)

ENROLLMENT CONTACT INFO: CHRISTA PONDER PHONE: 937-701-7592 FAX: 937-260-4478 EMAIL: DPADMISSIONS@DAYTONEARLYCOLLEGE.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:

<ul style="list-style-type: none">• Application/Registration worksheet• Parent/Guardian Expectation form• Residency Status form• Home Language Survey• Special Education/504 Plan form• Health Information form	<ul style="list-style-type: none">• 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
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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 emailing 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)
- ☐ Student birth certificate
- ☐ Student social security card
- ☐ Parent ID
- ☐ 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.

☐ **If you do not live in the DPS district, you will not be admitted to DECA Prep.**

- ☐ 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 A 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)]

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.

DECA PREP Application

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KEEP THIS PAGE FOR FUTURE REFERENCE

We have extended the enrollment deadline through May 1, 2020

Applications will be available for pick up at DECA Prep, 200 Homewood Ave, on the following dates:

Monday, April 13, 2020 9am – 10:30am & 5pm – 7pm

Monday, April 27, 2020 9am – 10:30am & 5pm – 7pm

Evaluation Form:

Teacher should complete student evaluation form and email it to Ms. Ponder at dpadmissions@daytonearlycollege.org

Virtual Enrollment Information Meetings at DECA Prep:

Attendance at **one** meeting is required prior to submitting an application. All applications must be emailed to dpadmissions@daytonearlycollege.org, along with supporting documentation.

Saturday, April 18, 2020 @ 9:30 a.m.

Thursday, April 23, 2020 @ 6:00 p.m.

Please email your name, phone number and email address to dpadmissions@daytonearlycollege.org, in order to receive the link for the virtual meeting. It is recommended to use a computer to access the link for the meeting, so you will be able to view the PowerPoint presentation.

The number of students accepted will be based on year-end attrition and promotion of students to the next grade level. Our 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.

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 4/8/2020

DECA PREP Application – Student Application/Registration Worksheet

Student Information:

Date:

Name: Last Name First Name Middle Name Grade Entering Date of Birth: / / Month Day Year
 Address: Gender: Male Female
 City: ZIP Code: Mother's Maiden Name
 Telephone: () Current Grade: City & State of Birth: Social Security Number:

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:

U.S. Citizen: yes no If no, check one: Exchange student Other Country of Origin:

Limited English Proficiency: yes no If yes, what language is spoken? Has your child ever been retained? yes no If yes, what grade?

Does your child have an IEP: yes no Has your child been in any gifted program in school? yes no If yes, what program

Parent/Guardian Information:

Father	Mother	Step Parent	Guardian	Foster Parents (Circle appropriate status)
Name:	Name:	Name:	Name:	Name:
Address:	Address:	Address:	Address:	Address:
City/ZIP:	City/ZIP:	City/ZIP:	City/ZIP:	City/ZIP:
Primary Phone:	Primary Phone:	Primary Phone:	Primary Phone:	Primary Phone:
Secondary Phone:	Secondary Phone:	Secondary Phone:	Secondary Phone:	Secondary Phone:
Email Address:	Email Address:	Email Address:	Email Address:	Email Address:
Employer:	Employer:	Employer:	Employer:	Employer:
Address:	Address:	Address:	Address:	Address:
Work Phone:	Work Phone:	Work Phone:	Work Phone:	Work Phone:

Military Status (circle one): Active Duty National Guard Reserves N/A

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

CURRENT: _____ City/ST _____

PREVIOUS: _____ City/ST _____

_____ City/ST _____

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

Name of Student:	_____
Current Grade:	_____
Do they live in the same house?	_____
Name of Student:	_____
Current Grade:	_____
Do they live in the same house?	_____
Name of Student:	_____
Current Grade:	_____
Do they live in the same house?	_____

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.

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.

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

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

**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) _____ (2) _____
Name Phone Name Phone

EITHER PART I OR PART II MUST BE COMPLETED

Part I: CONSENT GRANTED

In the event reasonable attempts to contact _____ at _____ or
Parent/Guardian Phone
_____ at _____ have been unsuccessful, I hereby give
Parent/Guardian Phone
my consent for (1) Administration of any treatment deemed necessary by Dr. _____
Preferred Physician
or Dr. _____ or in the event the preferred practitioner is not available, by
Preferred Dentist
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 ____
(Seizures) (Sugar)

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

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

**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)

Reading Achievement	Superior	Above Average	Average	Below Average	Poor
Mathematical Achievement	Superior	Above Average	Average	Below Average	Poor
Oral English Achievement	Superior	Above Average	Average	Below Average	Poor
Written English Achievement	Superior	Above Average	Average	Below Average	Poor
Mental Ability	Superior	Above Average	Average	Below Average	Poor
Academic Motivation	Superior	Above Average	Average	Below Average	Poor
Completion of Assignments	Superior	Above Average	Average	Below Average	Poor
Personal Initiative	Superior	Above Average	Average	Below Average	Poor
Daily Attendance	Superior	Above Average	Average	Below Average	Poor
Class Participation	Superior	Above Average	Average	Below Average	Poor
Level of Respect (self & others)	Superior	Above Average	Average	Below Average	Poor
Ability to Seek Assistance	Superior	Above Average	Average	Below Average	Poor
Ability to Work Independently	Superior	Above Average	Average	Below Average	Poor

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 _____
_____ 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 ____/____/____

RETAIN THIS FOR YOUR RECORDS

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 _____ to release copies of the
(CURRENT SCHOOL)
school records of _____ to DECA Prep for application/admissions consideration.
(STUDENT NAME)

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 contact the parent/guardian. *VALID ID MUST BE PRESENTED WHEN PICKING UP.

NAME	RELATIONSHIP	PHONE NUMBER
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

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

NAME	RELATIONSHIP	PHONE NUMBER
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Parent/Guardian Signature: _____ Date: _____

**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.

**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.

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 Attendance at Family Information/Engagement Nights - 2020-21

I acknowledge that I have been notified of DECA Prep's policy regarding attendance at the Family Information/Engagement Nights. I understand that if I cannot attend the meetings I will send someone in my place.

Parent/Guardian: _____
Initial

Signature of Parent/Guardian

Signature of Parent/Guardian