



Welcome to the DECA Middle 2023-2024 Enrollment Period!

1. Please read through the entire application packet before starting;
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED
2. Make sure to answer each portion of the application completely
3. Remember the Mid-Year Release of Records Request top portion needs to be filled out and turned in with application for Dayton Public Schools only; for Non-DPS schools your form will need to be left at the current school.
4. You must attend ONE enrollment meeting

Enrollment Office hours: Monday-Friday, 10am-4:00pm. COMPLETED applications can be accepted M-F during normal school hours.

Copies cannot be made during normal school hours but can be made at enrollment mtgs.

Applications cannot be looked over during normal school hours (8am-4pm)

Applications/documents cannot/will not be faxed to DECA Middle or current school(s)

Enrollment Coordinator: Ms. McNichols

Enrollment address: DECA Middle/Enrollment, 110 N. Patterson, Dayton, 45402

Enrollment email: dmenrollment@daytonearlycollege.org

Enrollment phone number: (937) 234-7685

District Enrollment Website: www.daytonearlycollege.org/enroll-now



DECA MIDDLE (GRADES 5TH-8TH)
2023-2024 ADMISSION APPLICATION PACKET
dmenrollment@daytonearlycollege.org
937-234-7685

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

KEEP THIS PAGE FOR FUTURE REFERENCE

- Enrollment Period: Tuesday, January 17, 2023 -- Friday, April 7, 2023

Family/student completes the following:

- completes *Student Application Worksheet*
- student completes *Personal Information Worksheet*; student/parent signs at bottom
- completes *Parent/Guardian Checklist*; parent signs at bottom
- completes *DECA Middle Home Language Survey*
- parent completes *First Student Transportation Request Form*, if your student will need busing
- parent completes top portion of *Mid-Year Release of Records Request form* and submit with application; **for all non-Dayton Public Schools** submit to current school for records requests **two (2) current teacher recommendations** using official form (**give to current school**)
- parent **returns completed application packet with requested documents** to DECA Middle
- parent attends at least **one** enrollment meeting (see schedule below)
- student attends required test session once notified

Current school needs to provide the following:

- (2) two teacher recommendation forms, placed in sealed envelope and return to family (**current school**)
- School Official prepares/copy requested mid-year school records, signs the bottom of form, returns documents to family (**non-DPS schools only**)

- **Enrollment Meeting Dates:** Attendance at **one** of the meetings below is **mandatory**.

- Saturday, January 21st at 10:30am or,
- Wednesday, January 25th, 6:00pm or,
- Wednesday, February 1st at 6:00pm or,
- Saturday, February 4th at 10:30am or,
- Wednesday, February 8th at 6:00pm or,
- Saturday, February 25th at 10:30am or,
- Wednesday, March 8th, at 6:00pm or
- Saturday, March 11th at 10:30am or
- Wednesday, March 22nd at 6:00pm (last meeting before deadline)

- **Friday, April 7th:** Enrollment ends for all grades at 4:00pm
- MAP testing, dates TBD
- **TBD:** Mandatory Family Meeting after acceptance/MAP testing is confirmed

The number of students accepted will be based on year-end attrition and promotion of students to the next grade. Completed applications processed after the enrollment limits have been reached will be placed on a waiting list.

DECA MIDDLE (GRADES 5TH-8TH)
2023-2024 ADMISSION APPLICATION PACKET
dmenrollment@daytonearlycollege.org
937-234-7685

APPLICATION PACKET CHECKLIST

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

- ☐ Student Application/Worksheet (both pages)
- ☐ Student Personal Information Worksheet
- ☐ Parent/Guardian Checklist Sign-off
- ☐ DECA Middle Home Language Survey
- ☐ First Student Transportation Request Form, if busing is needed
- ☐ Current Custody/Court papers (if applicable)

In addition, applications will not be considered for admission unless a copy of all of the following documents and records are received by DECA Middle by the deadline of Friday, April 7, 2023.

- ☐ Copy of student's birth certificate (image must be clear)
- ☐ Copy of student's Health/immunization records (containing records within the last year)
- ☐ Copy of primary parent/guardian current photo ID with signature (image must be clear)
- ☐ Copy of PROOF OF ADDRESS:
 - ☐ We can **ONLY** accept a utility bill (not cable), current lease agreement (complete lease with signature page), mortgage statement, most current paycheck stubs, court order, USPS change of address statement, bank statement-verifying you are a resident of the Dayton Public School district in **your name dated within the last 60 days**. We can NOT accept disconnect notices. **If you do not live in the DPS district, you will not be admitted to DECA Middle.**
- ☐ Signed Mid-Year Release of Records Request Form: DPS (top portion, only); all other schools, signed with documents (**from current school**)
- ☐ Two student evaluation forms, completed and signed by current teachers

Visit <https://www.daytonearlycollege.org/enroll-now> for all information
pertaining to enrollment 2023-2024

Per Title IX requirements, DECA has made available on its website under legal notices its grievance procedures as it relates to sexual harassment claims. DECA has designated a Title IX Coordinator whose information can be found below:

Name: Charlie Bull
Address: 110 N. Patterson, Dayton, 45402
Telephone: 937.974.7651

Title: Principal
E-mail: cbull@daytonearlycollege.org

All DECA Middle 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

Student ID#: _____ (office use)

2023-2024 DECA Middle – Student Application Worksheet
ALL SPACES MUST BE ANSWERED

1 of 2 pages

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

Answer ALL of the following questions:

Ethnicity: Non-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, provide documentation with application Has your child ever been retained? yes _____ no _____ If yes, what grade? _____
Does your child have an IEP/ETR/504: yes _____ no _____, if yes, is the ETR/IEP/504 complete or in process?: yes _____ no _____
Has this student been in any **gifted** program in school? yes _____ no _____ If yes, what program _____

Please print parent/guardian information (first box should be Primary Contact; second box should be Secondary Contact):

Mother	Father	Step Parent	Guardian	Foster Parents	(circle appropriate status)
Name: _____					
Address: _____					
City/ZIP: _____					
Primary Phone: _____ Cell/Home _____					
Email Address: _____					
Employer: _____					
Work Phone: _____					
Active military? _____ No _____ Yes, Branch _____ Armed Forces or _____ Nat'l Guard					
Some college Y or N _____ College degree Y or N _____					

Mother	Father	Step Parent	Guardian	Foster Parents	(circle appropriate status)
Name: _____					
Address: _____					
City/ZIP: _____					
Primary Phone: _____ Cell/Home _____					
Email Address: _____					
Employer: _____					
Work Phone: _____					
Active military? _____ No _____ Yes, Branch _____ Armed Forces or _____ Nat'l Guard					
Some college Y or N _____ College degree Y or N _____					

Custodial Information

2 of 2 pages

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: _____

Family Information: Please list all siblings that currently live in the home.

<u>Last, First Name</u>	<u>School Attending</u>	<u>Date of Birth</u>
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

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

- ☐ No Degree
- ☐ High School Diploma
- ☐ Some College
- ☐ Associate Degree (two-year degree)
- ☐ Bachelor's Degree (four-year degree)
- ☐ Master's Degree or higher
- ☐ Unsure

Student Personal Information Worksheet

COMPLETED BY THE STUDENT

Student Name: _____ Grade Entering: _____

1. What hobbies or interests do you have? _____

2. What makes DECA Middle stand out from other schools? _____

3. What other schools are you considering? _____

4. What factors helped you to choose this middle school? Rank your top three choices.

_____ academic reputation	_____ family members attend / attended DECA Schools
_____ friends attend / attended DECA Schools	_____ availability of college access
_____ convenient location	_____ association with University of Dayton
_____ community learning opportunities	_____ others

5. Where did you hear about DECA Middle (✓ all that apply)

_____ word of mouth	_____ other
_____ website	_____ social media (Facebook/Instagram)

6. List the name(s) of any siblings (immediate household members) who currently attending any DECA District schools:

7. Describe something about yourself that you would like us to know:

8. Will you be the first generation in your family to graduate college (only counting parents and grandparents)?

_____ YES _____ NO

Student's Signature _____ Date ____/____/____

Parent's Signature _____ Date ____/____/____

Parent/Guardian Checklist

COMPLETED BY THE PARENT/GUARDIAN (check all that apply):

- ☐ Yes ☐ No My child demonstrates a **strong desire to go to college**.
- ☐ Yes ☐ No My child will be the first generation in my family to attend college (only counting child's parent(s)/guardian(s) and grandparent(s)/guardian(s))
- ☐ Yes ☐ No My child is **drug free**.
- ☐ Yes ☐ No My child will be the **first generation** in the family to attend college.
- ☐ Yes ☐ No My child's **first language is English**, or _____ other
(Please specify) _____
- ☐ Yes ☐ No My child demonstrates the necessary **personal characteristics** (maturity, work habits, citizenship, team work...) to function in a demanding and independent learning environment.

Residency status (current proof of residency document required): Please check only the **one that applies**:

☐ Yes ☐ No My child lives with a parent or legal guardian who is **currently a resident of the Dayton Public School district**.

☐ Yes ☐ No My child will become a **Dayton Public School district resident** prior to the start of the 2023-2024 school year.

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 MIDDLE BOARD OF TRUSTEES WITH CERTIFIED COPIES OF ANY LATER COURT ORDERS WHICH MODIFY THE ORIGINAL CUSODY ORDER OR DECREE. [OHIO REVISED CODE 3313.672(B)]

Parent's Signature _____

Date ____/____/____

DECA Middle Home Language Survey

Student's Name (Last/First/Middle Initial): _____

Date of Birth: _____ City/State of Birth: _____

Country of Birth: _____

Please answer the following questions:

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

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

What language do the parents/guardians speak most frequently to the child?

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



Transportation Request Form

School _____

Date: _____

Circle One:

New Student

Residential Address Change

Daycare Changes

Withdraw

Student Name: _____ **Date of Birth:** _____ **Grade** _____

Student Name: _____ Date of Birth: _____ Grade _____

Student Name: _____ Date of Birth: _____ Grade _____

Student Name: _____ Date of Birth: _____ Grade _____

Student Name: _____ Date of Birth: _____ Grade _____

Parent/Guardian Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Number: _____ **Cell Phone Number:** _____

Emergency Contact Name: _____

Emergency Phone Numbers: _____

Daycare/Other Address: _____

Daycare Contact Name: _____ **Daycare Phone Number:** _____

Daycare Busing AM: Yes/No _____ **Daycare Busing PM: Yes/No** _____

Parent Signature

Date

School Official Signature

Date

Office Use Only: Received On: _____ Completed On: _____

Approved: _____ Not Approved: _____ Reason: _____

Bus Stop: _____ Am Time: _____ Pm Time: _____ Bus #: _____

DECA MIDDLE
MID-YEAR RELEASE OF RECORDS REQUEST FOR ADMISSIONS CONSIDERATION
(THIS REQUEST IS NOT A WITHDRAWAL FROM STUDENT'S CURRENT SCHOOL)

Parent signature below authorizes the release of disciplinary and academic information as defined by the Family Educational Rights and Privacy Act from the applicant's current teachers to DECA Middle.

Parent Signoff:

I hereby give permission for _____ to release copies of the mid-year school records
for _____, _____ to DECA Middle for admissions consideration.
(CURRENT SCHOOL) (STUDENT NAME) (GRADE)

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

Current NON-DPS school complete this portion only:

DECA Middle is requesting the following information and records for admissions consideration to be completed by the designated school official:

Student Name: _____

- ☐ Please provide copies of all records below:
 - ☐ birth certificate (legible copy)
 - ☐ up-to-date health/immunization record
 - ☐ custody paperwork-complete (if applicable)
 - ☐ current mid-year (1st-2nd quarters/1st-2nd semesters) report card with attendance records
 - ☐ final report card and attendance records from **PREVIOUS grade**
 - ☐ standardized test scores from **current and previous grade**
 - ☐ discipline records current and previous grade

- ☐ Is the student on an ETR/IEP/504? ____ Yes ____ No
 - ☐ *If yes, are copies of the updated ETR/IEP/504 enclosed? ____ Yes ____ No ***(REQUIRED)**

☐ Number of suspensions last year _____ Number of expulsions _____

☐ Has this student been asked to leave 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: _____

Current NON-DPS school only (incomplete without information):

School official's name _____ Title _____

Signature _____ Date ____/____/____ Phone _____

Please forward copies of requested records with this form to family or:
DECA Middle, FY23-24 Enrollment, 110 N. Patterson, Dayton, OH 45402
(DO NOT FAX)

To complete this application, you are asked to write your student's name on the Student Evaluation forms and give them to (2) current teachers.

STUDENT EVALUATION

TO BE COMPLETED BY CURRENT OR RECENT TEACHER:

Student's Name _____

Current School/Grade _____

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 middle 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; _____ Grade # of days _____ No

Briefly indicate reasons for suspension: (i.e. tardies, 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/updated ETR/IEP or 504 plan? _____ Yes _____ No

4. Did this student receive any type of educational accommodations? _____ 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 _____

School Phone Number _____

Date _____/_____/_____

STUDENT EVALUATION

TO BE COMPLETED BY CURRENT OR RECENT TEACHER:

Student's Name _____

Current School/Grade _____

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 middle school. (please circle)

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Evaluator's Printed Name _____

Evaluator's Position _____

Evaluator's Signature _____

School Phone Number _____

Date _____/_____/_____