

## 2023-2024 DECA PREP ENROLLMENT APPLICATION CHECKLIST

NAME OF STUDENT APPLICANT:

DATE APPLICATION WAS COMPLETED:

**YOU MUST SUBMIT THE FOLLOWING ITEMS BELOW WITH YOUR APPLICATION IN ORDER FOR YOUR APPLICATION TO BE COMPLETE.**

**We will not accept your application until all paperwork has been submitted.**

**Use this checklist to help you prepare.**

<ul style="list-style-type: none"><li><input type="checkbox"/> Did you attend a parent enrollment meeting? If yes, list the date of the meeting here or the name of your child who already attends PREP _____</li><li><input type="checkbox"/> Application/Registration Worksheet</li><li><input type="checkbox"/> Residence Requirement form</li><li><input type="checkbox"/> <b>Proof of Residence document</b> (Utility bill - water, electric, or gas), Mortgage statement, rental lease agreement, paycheck stub, or bank statement with your personal account numbers blacked out. <b>All Proof of residence documents must include your name, address, zip code, and a date that is within 60 days of you turning in your application.</b></li><li><input type="checkbox"/> Parent/Guardian Expectation form</li><li><input type="checkbox"/> Birth Certificate (<b>We will not accept birth announcements</b>)</li><li><input type="checkbox"/> Immunization Records</li><li><input type="checkbox"/> Parent ID</li><li><input type="checkbox"/> Emergency Medical Form</li><li><input type="checkbox"/> Photo Release form</li><li><input type="checkbox"/> Home Language Survey (2)</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Student Evaluation Form <b>for grades 1-4.</b></li><li><input type="checkbox"/> Release of Records form</li><li><input type="checkbox"/> Transportation Verification Form</li><li><input type="checkbox"/> Parent/Guardian Sign-off Sheet</li><li><input type="checkbox"/> Special Education/504 Plan (<i>Must sign regardless of student's status</i>)</li><li><input type="checkbox"/> Health Information form</li><li><input type="checkbox"/> Last Progress Report or Report Card for grades 1-4.</li><li><input type="checkbox"/> KINDER APPLICATIONS - Brigance/Transition Tool (MVCDC)</li><li><input type="checkbox"/> KINDER APPLICATIONS - Readiness Checklist</li><li><input type="checkbox"/> FOURTH GRADE APPLICATIONS - OAA/OST results/scores</li><li><input type="checkbox"/> IEP/ETR (If applicable)</li><li><input type="checkbox"/> Child Custody Order or Decree (If applicable)</li></ul>
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## DECA PREP Application (Grades 1<sup>st</sup> – 4<sup>th</sup>)

ENROLLMENT CONTACT INFO: KELLI WYNN PHONE: (937) 610-0110 EXT. 1, FAX: 937-260-4478 EMAIL: [DPADMISSIONS@DAYTONEARLYCOLLEGE.ORG](mailto:DPADMISSIONS@DAYTONEARLYCOLLEGE.ORG)

### 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"><li>● Application/Registration worksheet</li><li>● Parent/Guardian Expectation form</li><li>● Residency Status form</li><li>● Home Language Survey</li><li>● Special Education/504 Plan form</li><li>● Health Information form</li></ul>	<ul style="list-style-type: none"><li>● Emergency Medical form</li><li>● Photo Release form</li><li>● 1 student evaluation form</li><li>● Signed Release of Records form</li><li>● Transportation Verification/ Pick up form</li><li>● Parent/Guardian Sign-off sheet</li></ul>
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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 returning the following documents:**

- ☐ Current/prior year report cards and attendance records
- ☐ Current/prior year standardized test scores
- ☐ 4th Grade applicants - State testing scores
- ☐ Health/Immunization records
- ☐ IEP/ETR Documentation (if applicable)
- ☐ Student birth certificate
- ☐ 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 pay stub 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

ENROLLMENT CONTACT INFO: KELLI WYNN, PHONE: (937) 610-0110 EXT., 1, FAX: 937-260-4478 EMAIL: [DPADMISSIONS@DAYTONEARLYCOLLEGE.ORG](mailto:DPADMISSIONS@DAYTONEARLYCOLLEGE.ORG)

### KEEP THIS PAGE FOR FUTURE REFERENCE

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: Charles Bull

Title: Director of Human Resources

Address: 300 College Park,

Dayton, OH 45469 - 2930

E-mail: [cbull@daytonearlycollege.org](mailto:cbull@daytonearlycollege.org)

Telephone: 937.974.7651

Applications will be available for pick up at DECA Prep, 200 Homewood Ave, during school office hours, 8:30 am to 2:30 pm and from 3:30 to 4:30 pm, Monday through Friday.

Your child's teacher should complete the student evaluation form and email it to [dpadmissions@daytonearlycollege.org](mailto:dpadmissions@daytonearlycollege.org).

### Parent Enrollment Meetings

Attendance at one meeting is required prior to submitting an application. All applications must include supporting documentation. The meetings for the 2023-2024 school year will be held on the following dates below.

\*6pm, Mon., Jan. 23 \*6 pm., Mon., Jan. 30 \*6pm, Wed., Feb.15 \*6 pm, Tues., Feb. 21 \*6 pm, Thurs., March 2

\*6 pm, Wed., March 15 \*6 pm, Tues., April 4

Email [dpadmissions@daytonearlycollege.org](mailto:dpadmissions@daytonearlycollege.org) for links to the virtual meetings. It is recommended that you 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 students for each grade level will be 110. Applications received after enrollment limits have been reached will be placed on a waiting list. Students will be chosen from the list until sometime in September, 2023.

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.



**Student Information:**

**DECA PREP Application – Student Application/Registration Worksheet**  
Date: \_\_\_\_\_

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

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

Military Status (circle one): Active Duty _____ National Guard _____ Reserves _____ N/A _____				Military Status (circle one): Active Duty _____ National Guard _____ Reserves _____ N/A _____			
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### 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 3313.572(d)]

#### 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**  
**Residence Requirement**

**Current proof of residence 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 2023 - 2024 school year.

☐ Yes ☐ No My child does not live in the **Dayton Public School District**.

## Parent/guardian completing this form

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).

Updated 1/15/2022



**DECA PREP  
EMERGENCY MEDICAL AUTHORIZATION**

Date \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Sex M / F / / ( ) 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. \_\_\_\_\_ 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 \_\_\_\_\_  
(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

2023-2024

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

**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: \_\_\_\_\_

## Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____
<b>Communication Preferences</b> Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.	1. In what language(s) would your family prefer to communicate with the school? _____	
<b>Language Background</b> Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____	
<b>Prior Education</b> Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.	5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month      Day      Year	
<b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.	_____	
Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____ Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____		

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>





**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 the 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

## 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 2023-2024 school year, until the registration process has been finalized.

### Parent Sign Off

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
  - ☐ 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**  
**2023-2024**

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: \_\_\_\_\_



## Parent/Guardian Sign-Off Sheet

### DECA PREP Family Agreement 2023-2024

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 - 2023-2024

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 - 2023-2024

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 - 2023-2024

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

**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: \_\_\_\_\_

Checkmark all the items that pertain to your child.

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 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



**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.

**RETAIN THIS FOR YOUR RECORDS!**

**DECA Prep Application  
Family Agreement  
2023-2024**

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 at 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 the education of my child and his/her success depends on our commitment to that partnership.



**RETAIN THIS FOR YOUR RECORDS!**

**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