



200 Homewood Avenue  
Dayton, OH 45405  
DaytonEarlyCollege.org  
O. 937.610.0110  
F. 937.260.4478

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## RETURNING STUDENT PACKET FOR 2023-2024 SCHOOL YEAR

Dear DECA PREP Parents,

The 2022-2023 school year will come to an end for our students on June 2, 2023.

This letter is for parents who have students currently in Grades K-3. I am contacting you because our school district needs to know if your child is returning to DECA PREP for next school year.

Please take a moment to fill out the attached forms.

**This information needs to be returned to the school office no later than May 5, 2023.**

\*Health Information form

\*Emergency Medical Authorization form

\*Photo release form

\*Transportation Verification form - please update any new phone numbers or delete contacts who should no longer be allowed to pick up your child.

**THE FIRST 10 PARENTS/GUARDIANS WHO SUBMIT A COMPLETED PACKET TO THE OFFICE WILL HAVE THEIR NAMES ENTERED INTO A RAFFLE.** PRIZES INCLUDE \$50, \$25, and \$15 gift cards. A parent or guardian's name will only be entered in the raffle once. Winners do not have to be present during raffle. They will be contacted by office staff and their names announced in the next parent newsletter following the raffle.

If you have moved after January 2023 and have not notified the school office, you will need to fill out the attached Change of Address form and provide appropriate documentation.

**If your student is not returning, please contact the school office about filling out a withdrawal form.**

Your cooperation is greatly appreciated. If you have any questions, please call the school office at (937) 610-0110 ext. 1 or email me at [kwynn@daytonearlycollege.org](mailto:kwynn@daytonearlycollege.org).

Best Regards,

Kelli Wynn  
Administrative Assistant  
Enrollment Coordinator



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**FILL OUT THE FOLLOWING INFORMATION AND RETURN TO THE SCHOOL OFFICE BY MAY 5, 2023  
IN-PERSON OR BY FAX AT (937) 260-4478. DO NOT MAIL THIS FORM.**

**You must attach a proof of residence document. This can be one of the following below:**

- \*Utility Bill (water, electricity or gas). No cable or telephone bills will be accepted.
- \*Paycheck stub from your place of employment
- \*Mortgage Statement
- \*Rental Housing Agreement
- \*Bank Statement with your personal account info. blacked out.

This proof of residence must be dated within 60 days of you returning this packet and must include your name, address, your city and your zip code.

**PRINT the name(s) of the students who live in your household and currently attend DECA PREP. DO NOT INCLUDE STUDENTS WHO ARE APPLYING FOR FIRST TIME ENROLLMENT.**

1. Student's name: \_\_\_\_\_ Grade this student be in next school year \_\_\_\_\_
2. Student's name: \_\_\_\_\_ Grade this student be in next school year \_\_\_\_\_
3. Student's name: \_\_\_\_\_ Grade this student be in next school year \_\_\_\_\_
4. Student's name: \_\_\_\_\_ Grade this student be in next school year \_\_\_\_\_

Are these students returning to DECA PREP next school year?

Check here if yes \_\_\_\_\_ Check here if no \_\_\_\_\_

Comments:

PRINT the first and last names of the parents/legal guardians below.

1. Name \_\_\_\_\_

Put a check next to the category that best describes the relationship to the student (s) listed above.

Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Please list below the contact information for the person listed above.

Cell \_\_\_\_\_

Email \_\_\_\_\_

Landline phone number (If any) \_\_\_\_\_

Work number \_\_\_\_\_

2. Name \_\_\_\_\_

Put a check next to the category that best describes the relationship to the student (s) listed above.

Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Please list below the contact information for the person listed above.

Cell \_\_\_\_\_

Email \_\_\_\_\_

Landline phone number (If any) \_\_\_\_\_

Work number \_\_\_\_\_

List the address, city and zip code that should be on file in the office for the students listed on the previous page.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there an adult other than yourself who has permission to access your child's academic or school records? If so, please list that person's first and last name here. \_\_\_\_\_

Thank you for your attention.

**THIS PACKET IS DUE TO THE SCHOOL OFFICE BEFORE MAY 5, 2023.**

**DECA PREP Application  
Health Information Form**

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

Student name: \_\_\_\_\_

Date: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

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



**DECA PREP  
EMERGENCY MEDICAL AUTHORIZATION 2023-2024**

Date \_\_\_\_\_

**M / F**

Student's Last Name

First

Middle

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. DATE** \_\_\_\_\_

**PARENT SIGNATURE**

**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

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

YOU MUST ATTACH A PROOF  
OF RESIDENCE DOCUMENT  
WHEN YOU RETURN THIS  
PACKET.

THAT DOCUMENT CAN BE  
ONE OF THE FOLLOWING:

- \*Utility bill (gas, water, electricity)
- \*Paycheck stub from your place  
of employment
- \*Mortgage statement
- \*Rental housing agreement
- \*Bank statement with your  
personal account info. blacked  
out.