

Newark Digital Academy

Welcome to Newark City School's Newark Digital Academy!

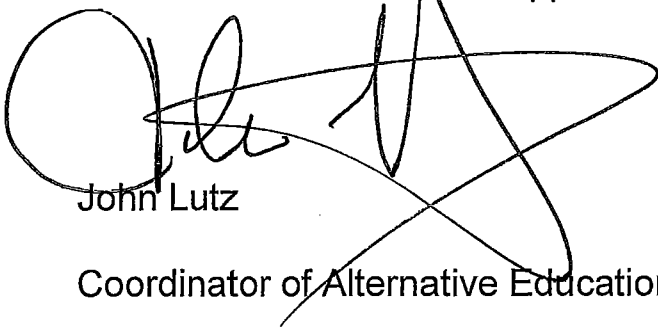
Today you are starting the enrollment process at the Newark Digital Academy (NDA).

Once NDA receives district approval for you to enroll, you will:

- Be scheduled for an orientation. Parent and student are required to attend the entire 2 ½ hour orientation. This is designed to provide you with the information necessary to get off to a great start!
- Your student will attend a 3 hour follow up work session on another day. This will be scheduled at the orientation you attend.
- Your student will be required to take NWEA MAP tests in reading, math and maybe science. This will help us determine how best to help your student and prepare them to progress toward graduation!

It is critical that all three steps of this process are completed within the first week of your enrollment at NDA.

We are excited about this opportunity to serve you,



John Lutz

Coordinator of Alternative Education

Newark City Schools
Newark Digital Academy
Information Sheet

Website – www.nda.k12.oh.us

Phone # (740) 328-2022

Fax # (740) 328-2270

Hours: Mon-Fri 8:00 a.m. – 3:00 p.m.

Office: Chris King, Administrative Assistant
cdking@laca.org

Enrollment: Lynn Hoffer, Administrative Assistant
lhoffer@laca.org

Computer: Tim Ballard, IT Tech
tjballard@laca.org

Records: Selma Friesel, Administrative Assistant
sfriesel@laca.org

Guidance Counselor: Brett Montgomery
bmontgomery@laca.org

Director: John Lutz
jlutz@laca.org

Please Note - Applications may be brought in during office hours, dropped off in our mail slot anytime or mailed to address >>>>

Mailing & Physical Address
Newark Digital Academy
255 Woods Avenue
Newark OH 43055



REQUIRED DOCUMENTATION/INFORMATION FOR ENROLLMENT

1. **BIRTH CERTIFICATE**

- A. An original birth certificate

2. **PHOTO ID FOR CUSTODIAL PARENT**

3. **DIVORCE/CUSTODY DOCUMENTATION** (if applicable) **MUST** be court signed and date/time stamped

- A. Final Divorce Decree which may include Shared Parenting Plan, naming specific parent as residential parent for school placement
- B. Grandparent Power of Attorney
- C. Temporary Custody Order naming specific guardian
- D. Military Power of Attorney

4. **IMMUNIZATION RECORDS** – Required by the State of Ohio

5. **MEDICAL RECORDS** – Records of chronic medical conditions (if applicable)

6. **CURRENT IEP/MFE or 504 PLAN** (if this applies to your child)

7. **VERIFICATION OF RESIDENCE** – **ONE (1) PROOF OF RESIDENCY REQUIRED***

*If your mortgage statement or utility bills are processed through a type of online payment, it is your responsibility to obtain current statements, as required.

CHOOSE ONE PROOF FROM LIST BELOW:

Proof Options:

- ✓ **Current** * Rental/Lease Agreement with custodial parent's name; **OR**
*If month-to-month lease, please bring current verification from landlord, including landlord's contact information, on business letterhead
- ✓ Current Mortgage Statement with custodial parent's name listed; **OR**
- ✓ Purchase/Contract Agreement to buy property (if you will close on the sale of the property within 90 days of enrollment)
- ✓ Official confirmation from the US Postal Service of your Change-of-Address mailed to you at your new address;
- ✓ **Current** (within 30 days) Water Bill, or direct billing agreement, showing service address at Newark Schools' residence;
- ✓ **Current** (within 30 days) Gas Bill, showing service address at Newark Schools' residence
- ✓ **Current** (within 30 days) Electric Bill, showing service address at Newark Schools' residence
- ✓ **Current** (within 30 days) Landline Phone Bill, showing service address at Newark School's residence
- ✓ **Current** (within 30 days) Cable Bill, showing service address at Newark Schools' residence
- ✓ **Current** (within 30 days) Internet Bill, showing service address a Newark Schools' residence
- ✓ **Current** (within 30 days) Government Mailing (i.e., child support, government assistance)

8. **TRANSCRIPTS/GRADE CARDS** - **To assist in creating the schedule for our middle/high school students** (These will be requested from previous school.)

TO BE COMPLETED BY PARENT OR GUARDIAN

Information on this form is necessary to complete student's school record, to meet state/federal and local requirements, and to best serve the student. Give complete information.

NEWARK CITY SCHOOLS



Student I.D. No. _____
Date _____
School _____
Grade Entered _____
BC _____ Shots _____
Custody Papers _____

STUDENT INFORMATION SHEET

Student _____ Gender _____
(Legal Name) Last Name First Name Middle Name

Race* (circle all that apply) White Black or African Amer (Non-Hispanic) Asian Amer Indian or Alaskan Native
Native Hawaiian or Other Pacific Islander * If no race is given observer identification will be used

Hispanic/Latino: Yes No (If Hispanic/Latino is yes; see office use section and choose **all** racial groups that apply)

Home Address _____ City _____

Home Phone # _____ Cell Phone # _____

Student Cell # _____ Grade _____

Date of Birth _____ Place of Birth (city/state) _____

Native Language _____ Language most often used in the home _____

Student lives with _____ Relationship _____

Custodial Parent/Guardian _____

Check (✓) the information that applies to the student:

- | | | |
|--|--|--|
| <input type="checkbox"/> Father deceased | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Parents separated |
| <input type="checkbox"/> Mother deceased | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Parents divorced |
| <input type="checkbox"/> Legal Documents | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Parents never married |
| <input type="checkbox"/> Legal Guardian | | |

Mother _____
Last Name First Middle Maiden Name

PRESCHOOL EXPERIENCE: Yes No If yes, name of school/facility _____

Newark School Attended _____

Last School(s) attended _____

SPECIAL AREA INFORMATION

Check (✓) correct information. At previous school student was enrolled in or served/identified in the following areas:

- Developmentally Delayed (pre-school)
- Cognitive Disability (CD)
- Specific Learning Disabled (SLD)
- Emotional Disturbance (ED)
- Orthopedic Impairment (OI)
- Other Health Impairment (minor) (OHI)
- Other Health Impairment (major) (OHI)

- Deaf/Blindness (DB)
- Hearing Impairment (HI)
- Visual Impairment (VI)
- Speech or Language Disability
- Autism (AU)
- Traumatic Brain Injury (TBI)
- Other

Gifted Program

Title Services

Student has current Evaluation Team Report (ETR)

Yes

No

Student has current IEP

Yes

No

Student has current 504

Yes

No

MIDDLE SCHOOL ONLY

Is the student in any of the following: Band Choir Orchestra

Algebra (8th grade only)

Accelerated Math (7th grade only)

Other Unified Arts interested in: Gym Health Art Music

Computer Skills

Signature _____
(Parent or legal guardian)

_____ Date

FOR OFFICE USE ONLY

If the answer is Yes in the Hispanic/Latino element have the parent choose all racial groups that apply:

American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White

Student percent of the time _____ Homeless (*see EMIS manual*) _____

District of Residence of the parents _____

County of Residence of parents _____

Student Status _____ Disability Condition _____

Polio Immunization Date _____ (*from shot record*)

Last School District Attended IRN _____



STUDENT RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____

School _____ Phone/Pager _____

Age _____ Grade _____ D.O.B. _____

Address _____ City _____

Zip Code _____ Is this address Temporary or Permanent (check one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- _____ House or apartment with parent or guardian
_____ Motel, car, or campsite
_____ Shelter or other temporary housing
_____ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- _____ Loss of housing
_____ Economic situation
_____ Temporarily waiting for house or apartment
_____ Provide care for a family member
_____ Living with boyfriend/girlfriend
_____ Loss of employment
_____ Parent/Guardian is deployed
_____ Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
2) Transportation to the school of origin for the regular school day;
3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

OFFICE USE ONLY

Y _____ N _____ ??? _____

Date _____

Initials _____



Enrollment date _____
Withdrawn date _____
Home Room _____
Student ID #: _____

ENROLLMENT DATA

Student Legal Name _____
Last First Middle

Date of Birth _____ Grade _____

Address _____

1st Contact Phone # _____ 2nd Contact Phone # _____

E-Mail _____

(The 1st contact number and e-mail will also be used for the Connect5 system)

NOTE: CHECK APPROPRIATE BOXES FOR CUSTODIAL PARENT(S)

Father _____
Last First Middle

Address _____ Home Phone _____

Place of Employment _____ Business Phone _____

Cell Phone _____ E-Mail _____

CHECK IF APPLICABLE:

A. Active Duty Military

B. National Guard

Mother _____
Last First Middle

Address _____ Home Phone _____

Place of Employment _____ Business Phone _____

Cell Phone _____ E-Mail _____

CHECK IF APPLICABLE:

A. Active Duty Military

B. National Guard

Step Father/Step Mother/Guardian/Foster Parent _____
(Circle if applicable) Last First Middle

Address _____ Home Phone _____

Place of Employment _____ Business Phone _____

Cell Phone _____ E-Mail _____

EMERGENCY: Name of person to notify in case of an emergency

Name _____ Phone number _____

Name _____ Phone number _____

Doctor _____ Phone number _____

(over)

School Bus Ride

Yes

No

Please list the names and ages of other children living in the home: _____

List **ALL** persons and their phone numbers permitted to pick-up student. Students will not be permitted to be picked-up by anyone not listed.

NAME

PHONE NUMBER

List all persons **not** permitted to pick-up student:

Newark City Schools uses many different communications vehicles – the district website, social media, Channel 19 and printed media such as building newsletters – to share news and positive district happenings. This includes sharing the great projects and performances our students and staff produce on a daily basis. Pictures and/or video of students and student work are frequently used in district publicity. Please mark below whether you would allow your student to be photographed for these purposes.

YES

NO

Parent/Guardian Signature

Date

Home Language Survey

Newark City Schools

The Office of Civil Rights (OCR) requires that all schools conduct a language survey of all students registering for school to identify those in need of language assistance and for the purpose of providing appropriate programming. (Title IV Compliance Issues 9/91)

-- Please print clearly and complete all items on this form (leave no blanks). --

Name of Student: _____ Date of: ____/____/____
Family (Last) Name Given (First) Name Middle I. Birth Month Day Year

Building to Attend: _____ Grade: _____ Gender: _____

Place of Birth: _____ Date of Entry: _____
City or Town State or Province Country (If not US give Date of Entry) to USA Month Day Year

Parent/Guardian: _____
(Circle one) Father's: Family/Last Name Given First Name Mother's: Family/Last Name Given/First Name

If a Guardian, what is your relationship to the student? _____

Home Address: _____
Number Street Apt. # City State Zip Code

Home Phone: () _____ Work Phone: () _____ Other Phone: () _____

e-mail address: _____

1. List all languages spoken in the home: _____

_____ (If English is the only language spoken, go on to #9.)

2. What language did this child first learn to speak (as a baby)? _____

3. What language does this child use most often at home now? _____

4. What language do you use most often to speak to this child? _____

5. What language is most often spoken between adults at home? _____

6. Does anyone in your home read English? _____ Name: _____

7. Do you need someone to act as an interpreter? _____ Language: _____

8. Date when the student first started school in any school in the United States: _____
Month Day Year

9. List information requested for all children living in the home (use back if more room is needed):

This Student's Previous Schools	Location (City, State or Country)	Gr.	Name: Other Children in Home	Birth Date	School Y/N	Gr.
1.			1.			
2.			2.			
3.			3.			
4.			4.			
5.			5.			
6.			6.			

Signature of Parent or Guardian _____

Date: ____/____/____
Month Day Year

School Office: If survey answers 1 through 5 indicate a language other than English, indicate the student's native/home language in EMIS Student Data Element (2.1.1.21). Place this form in the student's permanent folder and send a copy to the ESL Coordinator. An assessment will be made of the student's English language proficiency and service notification will be given.



Newark Digital Academy

CC: Student File
Parent

*Special Ed Department if records provided

CONSENT FOR STUDENT RECORDS RELEASE

IRN # 044453

Student enrolling as: Resident Open Enrollment Foster/Court Placed Other

First day of enrollment at NCS _____

Name _____

Grade _____ Age _____ Birth Date _____

Previous School Information:

(Name of Previous School)

(Address of Previous School)

(City, State, Zip Code of Previous School)

The above named student has applied to the Newark Digital Academy** in the Newark City School District. Please forward all necessary records, including, but not limited to, the following items:

- IEP/ETR or 504 Plan (if applicable)
- Most recent report card
- Current class schedule
- Current grades at time of withdrawal
- All testing scores/information
- Official transcript of grades and credits earned (high school students)
- Immunization records
- Other _____

Also include any additional information you feel would be helpful to NCS in the education of this student.

****The above individual is not enrolled at Newark Digital at this point. These items are needed for the application process and we will notify you of transfer/enrollment once they have attended an orientation with a parent. Thanks!**

Please fax records to: Newark Digital Academy, **fax (740) 328-2270**
255 Woods Avenue, Newark, OH 43055 Phone (740) 328-2022

With the understanding that the district cannot assume responsibility of educational information disclosed, I authorize you to release education information regarding the above-named student in the manner indicated.

Signature of parent/guardian: _____ Date: _____

Address: _____

Newark Digital Academy

Dear Parent or Guardian:

In addition to the academic services offered by the Newark Digital Academy we also provide assistance with other barriers to educational success. Please read the attached list and check any areas that you feel may help your child or family. Even if there are no current concerns, **please take the time to sign the form indicating that you do not need services.** In order to do my job well, there will be communication between myself and the staff at the Newark Digital Academy working with your child. If you wish to share information about the student or family that does not impact school performance, you may request that it remain confidential. Exceptions to confidentiality are cases of suspected abuse or neglect or if the student is a risk to him/herself or others. In these cases, I am obligated by law to report concerns. If you have questions regarding services or would like to discuss concerns that you have please contact me at 740-258-8220.

Thank you,

Brandi Moffitt

Please check all areas of interest. Feel free to add additional needs in the area marked "other".

- Help with **basic needs** (housing, utilities, food or clothing)
- Assistance with **job or career resources**
- Medical or Mental Health** Concerns (needing a doctor or referral, needing help purchasing glasses, prescriptions, free dental work, etc.)
- Juvenile Court** involvement
- Services for **pregnant teens or teen parents**
- Interest in **after school youth programs, mentoring programs, or volunteering**
- Help applying for **public assistance**
- None
- Other _____

I am interested in the following **online elective/flex credit courses (1/2 credit each)**

- Resources and Support for Teen Parenting (grades 9-12)
- Life & Social Skills for Teens – Being Successful in Our World (grades 8-12)

I give my permission as the custodial parent/caregiver of _____, to allow a Licensed Independent Social Worker or Social Work Student receiving supervision to assist my child as needed. By signing this form, I give permission for information to be shared face-to-face, in writing, or electronically (telephone, email, or fax) between the Social Worker and school personnel as necessary.

Student's Name & Grade: _____

Parent/Guardian(s) Names: _____

Phone number(s): _____



Parent/Guardian Signature

Date