

ASHLAND COUNTY COMMUNITY ACADEMY



716 Union Street
Ashland, OH 44805
Shannon Lusk, Superintendent
Nichole Helenthal, Asst. Superintendent

P: 419.903.0295
F: 419.903.0341
www.accaaces.org

2023-2024 ACCA STUDENT APPLICATION FOR ENROLLMENT

STUDENT INFORMATION

Date of Application _____

First Name _____ Middle Name _____ Last Name _____

Student Cell Phone # _____ DOB ____/____/____ Age ____ Grade ____

Gender: Male Female Race: Caucasian African-Amer Hispanic Asian
 Multi-Racial Native American Other: _____

Student Address _____ City _____ State _____ ZipCode _____

District of Residence _____ Current School of Attendance _____

Parent/Guardian Name(even if 18yrs+) _____ Phone # _____

Address _____ City _____ State _____ ZipCode _____

Does the student receive support from any of the following? Social Security Medicaid WIA

Is the student currently on probation? Yes No Is the student employed? Yes No

Were you referred by your home district? Yes No

How did you hear about ACCA? _____

TRANSPORTATION INFORMATION

How does the student get to school? walks parent/guardian Bus Other: _____

Will the student need transportation to and from school? Yes No

ACADEMIC/ATTENDANCE INFORMATION

Does the student have a current IEP? Yes No Is the student currently on a 504 Plan? Yes No

Has the student been on/or is currently on an Attendance Intervention Plan? Yes No

Has the student been deemed truant? Yes No

Check all that apply:

- Student is currently failing 2 or more classes Student is in need of Credit Recovery
 Student is deficient in Reading Student is deficient in Math
 Student is at least 1 year behind academically Habitually Absent from School
 Often late to school Often leaves early from school

PROGRAM INFORMATION: ACCA's Program is designed to fit the needs of each student and their appropriate graduation pathway (as outlined by the Ohio Department of Education for each cohort)

My student/ I would be interested in: (check all that apply)

- Earning State and Local Graduation Seals (count towards graduation requirements)
- Industry Credential Program (enter in 10th)
- Career-Based Intervention Program (enter in 10th/Work-Based Learning)
- College Credit Plus (enter in 11th)
- Internship Opportunities (if applicable)

INTERVENTION SERVICES:

My student is need of the following academic interventions:

- Credit Recovery/Credit Flex
- Smaller Class Sizes
- Career Readiness
- College Readiness
- Access to Individualized Academic Help
- Life Skills/Financial Literacy
- After School Tutoring

My student is in need of the following interventions that support academic success:

- A Safe Place to Learn and Engage
- Improving Communication Skills
- Acquiring Coping Skills
- Social-Emotional Learning
- Time Management/Organization
- Peer Mentoring
- Behavior Modification
- Involvement in Extracurricular activities

I would be interested in talking with the School Liaison or Student Guidance or receiving more information about the following intervention services (check all that apply):

- On-Site Counseling for student (at ACCA/during school hours)
- Information about Off Site Counseling for Student
- Information about Counseling/Support Services for Parent/Guardian
- Access to Mental Health and Recovery Programs
- Transitional Age Youth Services (for student)
- Support Service Information pertaining to Basic Needs (food/shelter/clothing/employment/medical)

APPLICATION SIGNATURE

Parent/Guardian Signature _____ Date _____

Student Signature (if 18yrs) _____ Date _____

OFFICE USE ONLY

Name of Staff Processing Application _____

____ Records and Transcripts were received on _____ Staff Initials _____

9th Grade Cohort _____ Drop Out Recovery Student _____

____ Initial School Year Intake/Orientation for Enrollment Packet will be scheduled prior to Aug 31st

Enrollment Meeting Date & Time _____ at _____ with _____

Anticipated Start date: _____ Notes: _____

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ASHLAND COUNTY COMMUNITY ACADEMY 009971 AUTHORIZATION AND REQUEST FOR RELEASE OF INFORMATION

TO: School of Current Enrollment/Resident District: _____

I authorize and request you furnish ASHLAND COUNTY COMMUNITY ACADEMY with the following information regarding: (IRN: 009971)

Name of Student _____ Date of Birth ____/____/____

INFORMATION REQUESTED

Non-Classified

- ____ Transcripts (High School & Middle School)
- ____ Attendance Records/Attendance Intervention Plans
- ____ Standardized Test Results/Records
- ____ Diagnostic Data
- ____ Demographic Data

Classified

- ____ Medical Records
- ____ Psychological Reports
- ____ Birth Certificate
- ____ Discipline Reports
- ____ SSID Number
- ____ Special Education Plans (IEP/ETR/504)

____ Other: _____

I understand that I have the right to obtain a copy of the records requested. I hereby release ACCA from all legal responsibility that may arise from furnishing information I have authorized above

Signed _____ Print Name _____

Date _____

ACCA OFFICE USE ONLY

Date of Request Sent: _____

Date of Records Received: _____ Staff Initials _____