

# ASHLAND COUNTY COMMUNITY ACADEMY



716 Union Street  
Ashland, OH 44805  
Shannon Lusk, Executive Director

P: 419.903.0295  
F: 419.903.0341  
[www.accaaces.org](http://www.accaaces.org)

## STUDENT APPLICATION FOR ENROLLMENT

### Student Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Student Cell Phone # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Age \_\_\_\_\_ Grade \_\_\_\_\_

Student Address \_\_\_\_\_

City/ZipCode

District of Residence \_\_\_\_\_

Last School of Attendance \_\_\_\_\_

Parent/Guardian Name *(even if 18yrs or older)* \_\_\_\_\_

Address \_\_\_\_\_

City/ZipCode

Phone # \_\_\_\_\_

### Enrollment Information

Does student have an IEP or 504 Plan? Yes No

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

Is the student currently on probation? Yes No

Probation Officer Name \_\_\_\_\_ Contact # \_\_\_\_\_

Is the student employed? Yes No

Employer's Name \_\_\_\_\_ Contact # \_\_\_\_\_

Is the student in need of credit recovery? Yes No

Would the student be interested in a Career-Based/Work Study Educational Program? Yes No

How did you hear about ACCA? \_\_\_ referred by student/parent \_\_\_ referred by home school  
\_\_\_ Social Media \_\_\_ Billboards \_\_\_ Radio \_\_\_ Newspaper \_\_\_ ACCA Website

**PARENT/GUARDIAN** \_\_\_\_\_ **Date** \_\_\_\_\_

*(student signature 18yrs or older)*

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## AUTHORIZATION AND REQUEST FOR RELEASE OF INFORMATION

To (School of current enrollment/resident district:	
I authorize and request you to furnish ASHLAND COUNTY COMMUNITY ACADEMY with the following information regarding: (IRN: 009971)	
_____	_____
Name of Student	Date of Birth
<b>INFORMATION REQUESTED</b>	
Non-Classified	
<input type="checkbox"/> Transcripts (high school & Middle school)	
<input type="checkbox"/> Standardized Test Results Records	<input type="checkbox"/> Attendance
<input type="checkbox"/> Diagnostic Data	<input type="checkbox"/> Demographic Data
Classified	
<input type="checkbox"/> Medical Records	<input type="checkbox"/> Discipline Reports
<input type="checkbox"/> Psychological Reports	<input type="checkbox"/> SSID Number
<input type="checkbox"/> Birth Certificate	
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: \_\_\_\_\_

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