

Student _____

InTake Apt. Date/Time _____ at _____

With _____



ACCA ENROLLMENT PACKET CHECKLIST
2022-2023

- ___ Contact Information
- ___ Proof of Residency (*see Proof of Residency Letter)
- ___ Emergency Medical Form
- ___ Authorization to Release Info & Images Form
- ___ Medication Form
- ___ Approved Designees for Sign Out/Pick Up Form
- ___ Testing Policy: Distributing Statement Form
- ___ Attendance Policy and Signature Form
- ___ Technology/Internet/Electronic Communication Devices Acceptable Use Form
- ___ Credit Flex Plan Form
- ___ Free and Reduced Lunch Form
- ___ ONE CALL NOW Notification Sign Up Slip
- ___ Student-Parent Handbook Acknowledgement Form
- ___ Behavior Policy Form
- ___ 21st Century Grant After School Program Form(s)
- ___ Science Lab Form
- ___ Transportation Form (*only for students needing busing)

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

CONTACT INFORMATION

In order for ACCA to communicate with parent(s)/guardian(s) effectively, the main office needs to have the most current and up to date contact information on file. It is the responsibility of the parent(s)/guardian(s) to contact ACCA's main office in regards to any residence changes or phone number changes as soon as they occur. The main office will record any changes to contact info by adding it to this form.

*Please identify yourself by checking the correct role then fill out the contact information that follows:

Parent(s)/Guardian(s) Role

I am/we are the ___parent(s) ___legal guardian(s)

Residential Parent(s)/Guardian(s) Contact Info

Name(s) _____

Email _____ (required)

Phone number(s) _____

Work number _____

Address _____

City State Zip

Non-Residential Parent/Government Agency (if necessary) _____ custody papers on file
I am the _____ parent _____ agency:

Name _____

Email _____ (required)

Phone number _____

Work number _____

Current Address _____

_____ City _____ State _____ Zip

Contact Information Changes (for office use only)

_____ MOST CURRENT CONTACT INFO

_____ staff initials

_____ updated

Date _____

Regarding Contact Person _____ parent _____ guardian

NEW: _____ phone number _____ address _____ email _____ work number

New contact information:

_____ MOST CURRENT CONTACT INFO

_____ staff initials

_____ updated

Date _____

Regarding Contact Person _____ parent _____ guardian

NEW: _____ phone number _____ address _____ email _____ work number

New contact information:



Proof of Residency

ACCA is required by law to have current proof of residency on file for all enrolled students

Accepted Forms of Proof of Residency

- Pay Stub
- Car Registration
- Utility Bill
- Any Bill or Statement

* THE FORM YOU CHOOSE MUST HAVE THE FOLLOWING LISTED ON IT:

1. Name
2. Current Residential Address
3. Current Date within the past year

Please bring your chosen proof of residency to your Orientation/Intake Appointment so that we can make a copy and place it in your child's student file.

If you have forgotten your proof of residency, you can drop it off at the main office, mail it, or take a picture (make sure you pick "actual size") of it and email it to Paula Berry at pberry@accaaces.com

If you have any questions or concerns please feel free to contact Mrs. Paula Berry, Student Services Director at 419-903-0295 or pberry@accacaces.com.

ACCA Mailing Address:

Mrs. Paula Berry, ACCA
716 Union St.
Ashland, Ohio 44805



ASHLAND COUNTY COMMUNITY ACADEMY
SCHOOL YEAR 2022-2023

Emergency Medical Authorization

Revised 5/6/2020

This form meets the requirement for Ohio Revised Code Section 3313.712. Programs may use this form or build their own.

Program Name _____

Student Name _____ Phone _____

Address _____

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian:

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Other's Name _____ Daytime Phone _____

Name of Relative or Childcare Provider _____

Relationship _____ Daytime Phone _____

Address _____

Emergency Contact¹ #1 _____ Daytime Phone _____

Address _____

Emergency Contact #2 _____ Daytime Phone _____

Address _____

¹ Emergency contact information is required in accordance with Ohio Administrative Code Rule 3301-37-08 (for preschool programs) and Rule 3301-32-10 (for school aged child care programs).

PART I OR II MUST BE COMPLETED:

PART I - TO GRANT CONSENT I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical specialist _____ Phone _____

Local Hospital _____ Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature of Parent/Guardian _____ Date _____

Address _____

PART II - REFUSAL TO CONSENT 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 the following action (written instructions must be completed):

Signature of Parent/Guardian _____ Date _____

Address _____



AUTHORIZATION TO RELEASE INFORMATION AND IMAGES

2022-2023

STUDENT NAME _____ DOB: _____

Ashland County Community Academy to use my child's (or myself if I am 18 years of age or older) image for school related materials and events. Periodically, the school may use student images for the promotion of school related activities through newspaper articles, the school website, and social media.

I understand my authorization will remain in effect for the duration of the current academic year and that all information will be handled within compliance of Federal Laws.

I also understand that I may review any information related to my child (or myself if I am 18 years of age or older) and that I may revoke the authorization at any time.

Parent/Guardian _____ Date _____
(Student if 18 yrs or older)

20 ~~21~~ -20 ~~23~~



ADMINISTRATION OF PRESCRIPTION MEDICATION

ACCA School Policy requires consent of the parent/guardian and written statement from the licensed prescriber before school personnel can give any prescribed medication to a student. Please complete the form and return to the school office.

STUDENT NAME: _____ **DOB:** ____/____/____
Parent/Guardian Daytime Phone _____

TO BE COMPLETED BY LICENSED PRESCRIBER

Name of medications/dosage/route: _____
 Condition(s) for which medication is administered: _____
 Specific instructions for administration: _____

Possible side effects: _____

For asthma inhalers and insulin user only: The student has the ability to carry and administer an inhaler and or insulin. Yes No

Licensed Prescriber Name _____
 Signature _____ Date _____
 Phone _____

TO BE COMPLETED BY PARENT/GUARDIAN

I give ACCA permission to administer the medication prescribed above to my child and agree to the following:

- Submit a revised statement to the school when any change to medications occur
- Provide a statement of notification when medication is discontinued
- Grant permission for the school to confer with the above listed prescriber regarding my child's health and treatment as related to the listed medication(s)
- Cooperate with the school in assisting my child to comply with medication administration
- All medications must come to the school in original container from prescriber
- I release and agree to hold harmless the ACCA Board of Education, its officials, and employees from any and all liability or injury resulting from this authorization

FOR OVER THE COUNTER MEDICATIONS

When necessary, over the counter medications can be provided to students by school staff including but not limited to: aspirin, ibuprofen, and antibacterial ointments, eye drops. Please check one box to either grant consent or decline.

Yes NO _____ Initial

Parent/Guardian _____

Date _____



**“Approved Designees” for Sign Out/Pick Up
2022-2023**

Per school policy, any student under the age of 18 is not permitted to leave the building unless there is a valid and excusable reason (illness, appointment, family emergency, etc). In the event that a parent/guardian is unable to sign out and pick up a student, the parent/guardian may list “approved designees” to do so. Therefore any student under the age of 18 is not permitted to leave the building unless in the company of a parent/guardian or parent/guardian “approved designee”.

“Approved Designees” MUST be 18 years of age AND a family member or close friend of the family (you trust to sign out and transport your child, assuming liability)

Procedure

-Verbal authorization from parent/guardian is REQUIRED before a student will be released to listed designees. Parent/Guardian must contact the school’s main office and speak to a member of the administrative staff. (Calls and texts from a student cell phone will not suffice)

-The “Approved Designee” must come into the lobby and show the administrative assistant or administrative staff, identification upon entering the building

-The “Approved Designee” must sign out the student stating the date/time/and reason for the pick up

-It is the parent/guardian’s responsibility to contact the main office to update this form as needed throughout the year. If someone comes to pick up the student, who is not on the list, the student WILL NOT be released into their custody

Designee Name	Relation to Student	Contact Number

By signing this form I am authorizing the school to release my child to the listed designees in the event I am unable to sign out and transport my child.

Parent/Guardian

Date



Ashland County Community Academy
Testing Policy: Distributing Statement
2022-2023

Distributing Statement - ORC 3314.041

"The Ashland County Community Academy is a community school established under Chapter 3314. of the Revised Code. The school is a public school and students enrolled in and attending the school are required to take proficiency tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law. Students who have been excused from the compulsory attendance law for the purpose of home education as defined by the Administrative Code shall no longer be excused for that purpose upon their enrollment in a community school. For more information about this matter contact the school administration or the Ohio Department of Education."

I, _____ have read the *Distributing Statement* and understand that my child _____ is **required** to take proficiency tests and other examinations prescribed **by law**, or any additional requirements at the school that are prescribed **by law**, upon enrollment in Ashland County Community Academy.

Parent/Guardian Signature

Date

I have read the *Distributing Statement* and understand that as a student of ACCA I am **required** to take proficiency tests and other examinations prescribed **by law**, or any additional requirements at the school that are prescribed **by law**, upon enrollment in Ashland County Community Academy.

Student Signature

Date

Ashland County Community Academy Attendance Policy

It is important for Ohio's students to be in class every day ready to learn. Ohio defines chronic absenteeism as missing 10 percent or more of the school year for any reason. A child who is not in school is a child who is missing out on his or her education. It is the parent/guardian's responsibility to get their child to school, and on time.

ACCA is dedicated to helping your child succeed. Communication between the parents/guardians and the school is key. ACCA will send out monthly attendance letters to all parents/guardians and students to keep them updated on attendance hours.

Per Ohio Law, ACCA Students are expected to be in school the hours that they are scheduled. Failure to attend school or leaving school early may result in the following:

- Call(s) from Attendance Specialist
- Warning Letter(s)
- Visit from School Resource Officer/School Liaison
- Meeting with Attendance Specialist/School Resource Officer/Administration
- Attendance Intervention Plan
- Possible Truancy Charges against Parent/Student
- Withdraw from ACCA (72 hrs of consecutive absence)
- Possible Summer School

The Attendance Rules are listed below: (House Bill 410)

Habitual Truant: (may be subject to truancy charges)

- Absent 30 or more consecutive hours *without* a legitimate excuse (Warning Letter/Possible Attendance Intervention Plan)
- Absent 42 or more hours in one school month *without* legitimate excuse (Warning Letter/Attendance Intervention Plan)
- Absent 72 or more consecutive hours in one school year *without* a legitimate excuse (Withdraw)

Excessive Absence:

- Absent 38 or more hours in one school month *with or without* a legitimate excuse (Warning Letters/Possible Attendance Intervention Plan)
- Absent 65 or more hours in one school year *with or without* a legitimate excuse (Warning Letters/Attendance Intervention Plan/possible truancy charges)

Absence Procedure

Parents/Guardians are responsible for communicating their child's absence with the school. You must call the main office within an hour of the start of school to call off your child. Upon returning to school, your child must bring a signed note with the date of the absence listed. If the child visits a health-care professional, please get a signed doctor's note, that includes the date they were provided care. Failure to communicate with the main office and provide signed notes will result in an unexcused absence.

What is NOT excusable

Work is NOT a legitimate excuse for missing school and will be considered unexcused. Running errands, leaving for lunch, and leaving early because you are bored will not be tolerated. Any parent/guardian contributing to this behavior may be subject to truancy charges.

Leaving Early and Sign-Out Procedures

Because illness and other emergencies arise, we understand that there are times that your child will not be at school, or may need to leave early. Students are not to be in possession of cell phones, but they may call from the main office phone if they feel as if they are too sick to continue throughout the day. Parents/Guardians need to contact the main office to reach their child, in case of emergency. Once verbal permission is given to ACCA staff from the parent/guardian, the student will be excused for the remainder of the day. The parent/guardian MUST come into the school building to sign out their child. This is state law. If the parent/guardian is allowing someone else to pick up their child, they must come into the building and sign them out. This is state law. The student may not directly call this person and get permission to leave school from them. A parent/guardian's permission must be obtained before the child can leave the school with their designated contacts. Contacts on the pick up list must be 18 years or older and must be a relative or a friend of the family.

Students who are 18 years of age or older

Students who are 18 years of age or older must have a valid reason to sign out throughout the school day. These reasons include, but are not limited to the following: illness, doctor's appointments, appointments cleared by administration, emergency/illness/death in the family. *Please be advised that excessive absences, habitual absences, frequent tardiness, or missed seat time may have an impact on a student's (who is 18 years of age or older) ability to earn credit or graduate on time.*

After School Program Attendance

If a student does not attend school, and shows up at a school sponsored afterschool program, that student will be sent home, unless the absence was excused by or prior approval was given by ACCA Administration.

Ashland County Community Academy
Attendance Policy Signature Page
2022-2023

I was given a copy of ACCA's Attendance Policy. I have read Ashland County Community Academy's Attendance Policy and understand the impact that excused/unexcused absences have on my child's education. I agree to follow all attendance policies and procedures set forth by ACCA and Ohio Law.

Parent/Guardian Signature

Date

I was given a copy of ACCA's Attendance Policy. I have read Ashland County Community Academy's Attendance Policy and understand the impact that excused/unexcused absences have on my education. I agree to follow all attendance policies and procedures set forth by ACCA and Ohio Law.

Student Signature

Date



Ashland County Community Academy Technology and Internet Acceptable Use Policy

The use of technology and computer resources at the ACCA is a revocable privilege. Failure to abide by this policy may render you ineligible to use the ACCA's computer facilities and may bring additional disciplinary action.

All users are expected to use the technology available at the ACCA in a manner appropriate to the ACCA's academic and moral goals. Technology includes, but is not limited to, cellular telephones, beepers, pagers, radios, CD/MP3/DVD players, video recorders, video games, personal data devices, computers, other hardware, electronic devices, software, Internet, email, and all other similar networks and devices. Users are expected to be responsible and use Technology to which they have access appropriately. Obscene, pornographic, threatening, or other inappropriate use of Technology, including, but not limited to, email, instant messaging, web pages, and the use of hardware and/or software which disrupts or interferes with the safety and welfare of the ACCA community is prohibited, even if such uses take place after or off School property (i.e., home, business, private property, etc.).

Failure to adhere to this policy and the guidelines below will result in disciplinary action as outlined in the Student Code of Conduct.

Unacceptable uses of Technology/Internet include but are not limited to:

1. Violating the conditions of federal and Ohio law dealing with students' and employees' rights to privacy; trespassing in others' folders, work, or files; copying other people's work or attempting to intrude onto other people's files; or using other users' email addresses and passwords.
1. Using profanity, obscenity, or other language which may be offensive to another user; sending messages with derogatory or inflammatory remarks about an individual's race, sex, age, disability, religion, national origin, or physical attributes via the Internet or Technology; bullying, insulting, intimidating, or attacking others; or transmitting any material in violation of federal or state law.
2. Accessing profanity, obscenity, abusive, pornographic, and/ or impolite language or materials; accessing materials in violation of the Student Code of Conduct; or viewing, sending, or accessing materials that you would not want instructors and parents to see. Should a student encounter any inappropriate materials by accident, he/she should report it to his or her instructors immediately.
3. Violating copyright laws by illegally downloading or installing music, any commercial software, shareware, or freeware. You are required to strictly comply with all licensing agreements relating to any software. All copyright laws must be respected.
4. Plagiarizing works through the Internet or other Technology. Plagiarism is taking ideas of others and presenting them as if they were original to the user.
5. Damaging Technology devices, computers, computer systems, or computer networks (for example, by the creation, introduction, or spreading of computer viruses, physically abusing hardware, altering source codes or software settings, etc.).

6. Using the Technology or the Internet for commercial purposes or activities, which are defined as offering or providing goods or services or purchasing goods or services for personal use, and include, but are not limited to, the following:
 - a. any activity that requires an exchange of money and/or credit card numbers;
 - b. any activity that requires entry into an area of service for which the School will be charged a fee;
 - c. any purchase or sale of any kind; or
 - d. any use for product advertisement or political lobbying.
7. Neither the Internet nor any other Technology may be used for any purpose which is illegal or against the ACCA's policies or contrary to the ACCA's mission or best interests.

All users are expected to be responsible, courteous and thoughtful when using Technology and the Internet. Common sense should prevail. The use of the ACCA computer network system should be in support of education and research, consistent with the educational mission or objectives of the School and in accordance with federal law, Ohio law, and the Student Code of Conduct

Students and Staff have no expectation of privacy with respect to the use of Technology, the Internet, intranet, or email. ACCA monitors the online activities of students. Maintenance and monitoring of the ACCA network system may lead to the discovery that a user has or is violating School policy or the law. Violations of School policy, the Student Code of Conduct, or the law may result in severe penalties, up to and including expulsion.

ACCA makes no warranties of any kind, either express or implied, that the functions or the services provided by or through ACCA technology system will be error-free or without defect. ACCA will not be responsible for any damage users may suffer, including but not limited to, loss of data, interruptions of service, or computer viruses. ACCA is not responsible for the accuracy or quality of the information obtained through or stored on the ACCA system. ACCA will not be responsible for financial obligations arising through the authorized use of the system.

In accordance with the Children's Internet Protection Act ("CIPA"), ACCA has placed a filter on its Internet access as one step to help protect its users from intentionally or unintentionally viewing inappropriate material. ACCA blocks the categories that are determined to be potentially inappropriate. However, families must be aware that some material accessible via the Internet contains illegal, defamatory, inaccurate, or potentially offensive language and/or images. While the goal of the ACCA is to use Internet resources to achieve educational goals, there is always a risk of students accessing other materials. Parents should be aware of these risks.

ACCA will educate students about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms. ACCA will also educate students on cyberbullying awareness and response.

Electronic Communication Devices

While on School property, in a School vehicle, or while attending School-sponsored or School-related activities, whether on or off School property, Students shall be permitted to possess and use electronic communication devices, including, but not limited to, cellular phones, beepers, iPods, pagers, radios, CD/MP3/DVD players, video recorders, video games, personal data devices, or other devices deemed to be distractive, provided they observe the following conditions:

1. Devices shall not be used in a manner that disrupts the educational process, or educational mission including, but not limited to, posing a threat to academic integrity or violating confidentiality or privacy rights of another individual. Unless an emergency situation exists that involves imminent physical danger or a certified employee authorizes the student to do otherwise, devices shall be turned off during the School day. They may be stored in the Student's backpack during the School day, but may only be turned on and operated before and after the regular school day.
2. When Students violate this prohibition, they shall be subject to disciplinary action, including but not limited to losing the privilege of bringing the device onto School property. In addition, an administrator may confiscate the device, which shall only be returned to the Student's Parent. All requests to confiscate these items must be complied with in a spirit of cooperation. If, upon confiscation, the School becomes aware of other misuse of the device, or, has a reasonable suspicion of other violations of School policy, the Student may be disciplined for additional violations of this or other School policies. In other words, a Student loses his/her privacy rights in the device and information contained in the device, once a School policy is violated and the device confiscated so long as the School has a reasonable suspicion of misuse.
3. Students are responsible for devices they bring to School. The School shall not be responsible for loss, theft, or destruction of devices brought onto School property.
4. Students shall comply with any additional rules developed by the School concerning appropriate use of electronic communication devices.
5. Students shall not utilize an electronic communication device in a manner that would violate the School's Technology and Internet Acceptable Use Policy or its Student Code of Conduct.
6. Examples of types of prohibited behavior involving electronic communication devices include, but are not limited to:
 - a. text messaging on or off School Property during School hours to or from a student on School Property;
 - b. sexting, which is the act of sending sexually explicit messages or photographs, primarily between mobile phones or other electronic communication devices;
 - c. using digital cameras or camera phones to invade the privacy of others by transmitting unauthorized or derogatory photos or video clips to another person via email, to another camera phone or by posting it on the web;
 - d. using digital cameras, camera phones, or any other device to cheat on examination;
 - e. playing digital games;



**ACCA Technology/Internet Acceptable Use Policy Signature Page
2022-2023**

My signature attests that I have read the above ACCA Technology/ Internet Acceptable Use Policy and I agree to abide by it.

Signature of Parent/Guardian

Date

Signature of Student

Date

2001, Pub.L.No. 106-554 §§ 1701 et seq.; 2008, Pub.L.No. 110-385, Title II, 122 Stat. 4096.

See also Policy 149 Use of Cell Phones; Policy 234 Electronic Communications; Policy 271 Code of Conduct; and Policies 397.1-397.3.



Participation in Credit Flex 2022-2023

School of Attendance:

Ashland County Community Academy
716 Union. St
Ashland, Ohio 44805

Student Name _____ Grade _____ Cohort _____

Student email _____

Check all that apply:

_____ *I would like my child to participate in the following credit flex opportunities:*

_____ *I would like to participate in the following credit flex opportunities (18 yrs or older):*

___ Online Courses

___ Integrated Courses

___ Independent Studies

___ Test Outs/Culminating or Summative Assessments

___ Business/Industry Credentialing (10th-12th graders only)

___ Work Study/Work-Based Experience (11th-12th graders only)

Credit Flexibility Program Student-Parent Agreement (online agreement/other credit flex options)

Parent and Student: Please read the following statements and then **initial** next to the statements indicating that you have read and understand the policies related to online coursework/ind. studies/testouts/credentialing/workstudy through credit flexibility. To be enrolled in and earn credit for any courses under credit flexibility, this form must be returned to your Education Coordinator, Ms. Lusk by _____.

___ / ___ *I understand that ACCA is not an online or blended learning school, but is a brick & mortar school, and physical attendance, in the building, is required by Ohio State Education Laws.*

___ / ___ *I hold the primary responsibility for the successful completion of any credit flex option*

___ / ___ *I understand that online course work/Ind. Studies/Credentialing/School approved work studies are a part of the required school day and any work completed outside of the designated school hours does not count as attendance towards school*

___ / ___ *I am subject to the policies and procedures of Odysseyware and/or credentialing programs for which I am enrolled in*

____/____ I will adhere to the academic integrity policies of ACCA/Odysseyware/any credentialing program while participating in credit flex (Academic Honesty)

____/____ I must complete the coursework assigned both within the timeline specified by Odysseyware/any Any credentialing program/ and ACCA

____/____ If I am unable to complete the course for any reason, I must meet with Ms. Lusk and a parent/guardian (if a minor) to discuss my options.

____/____ I am responsible for ensuring that I have met my graduation requirements for my cohort by established deadlines to participate in graduation

Your signatures indicate that you have read and discussed the above statements and indicate that you understand and agree to the guidelines set forth for the ACCA credit flex options.

Student Signature Date

Parent/Guardian Signature Date

-----for office use only-----

Credit Flex Course Enrollment(s) as of _____ revised as of _____/paperwork attached

Course Name	Credit Flex: Course Type
_____	___ Odyware ___ IndStud ___ Test Out ___ Credential from ___ to ___
_____	___ Odyware ___ IndStud ___ Test Out ___ Credential from ___ to ___
_____	___ Odyware ___ IndStud ___ Test Out ___ Credential from ___ to ___
_____	___ Odyware ___ IndStud ___ Test Out ___ Credential from ___ to ___
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_____	___ Odyware ___ IndStud ___ Test Out ___ Credential from ___ to ___
_____	___ Odyware ___ IndStud ___ Test Out ___ Credential from ___ to ___

____ Work Study/Work-Based Learning (application must be filled out by employer & approved by ACCA Administration to participate and receive credit) 60 hrs 120 hrs 180 hrs 240 hrs

____ Course Descriptions/Grade Scale have been attached

Student Services Date

INSTRUCTIONS FOR APPLYING

A household member is any child or adult living with you.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR OHIO WORKS FIRST (OWF), FOLLOW THESE INSTRUCTIONS:

- Part 1: List all household members and the school name and grade level for each child.
Part 2: List the 7-digit case number for any household member (including adults) receiving SNAP or OWF benefits.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.
Part 6: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 7: We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

IF NO ONE IN YOUR HOUSEHOLD RECEIVES SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

- Part 1: List all household members and the school name and school grade level for each child.
Part 2: Skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Ashland City Schools Food Service Department at 419-289-4510 or nielmore@goarrows.org. If not, skip this part.
Part 4: Complete only if a child in your household is not eligible under Part 3. See Instruction for all other households.
Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.
Part 6: Sign the form. The last four digits of a Social Security Number are not necessary if you did not need to complete in part 4.
Part 7: We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

IF YOU APPLY FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

- Part 1: List all foster children and the school name and grade level for each child. Check the box that indicates the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.
Part 6: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 7: We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

If some children in the household are foster children:

- Part 1: List all household members and the school name and school grade level for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.
Part 2: If the household does not have a 7-digit SNAP or OWF case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Ashland City Schools Food Service Department at 419-289-4510 or nielmore@goarrows.org. If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month.
 - **Box 1–Name:** List all household members with income.
 - **Box 2 –Gross Income and how often it was received:** For each household member, list each type of income received for the month. Check the appropriate box to note how often the person receives the income - weekly, every other week, twice a month, or monthly. For earnings, list the gross income - not the take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on pay stubs. For other income, list the amount and check the box to note how often each person received assistance from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income. Do not include income from SNAP, FDPIR, WIC, federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, report income after expenses under *Earnings from Work*. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.
Part 6: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he or she does not have one).
Part 7: We are required to ask for information about your children's race and ethnicity. This information is important and helps to make

sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

ALL OTHER HOUSEHOLDS (INCLUDING WIC HOUSEHOLDS) FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name and grade level for each child. For any person, including children, with no income, you must check the "No Income Box."

Part 2: If the household does not have a 7-digit SNAP or OWF case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Ashland City Schools Food Service Department at 419-289-4510. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- Box 1 – Name: List all household members with income.
- Box 2 –Gross Income and how often it was received: For each household member, list each type of income received for the month. Check the box to note how often the person receives the income - weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income - not take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on pay stubs. For other income, list the amount and check the box to note how often each person received assistance from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income. Do not include income from SNAP, FDPIR, WIC, federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, report income after expenses under *Earnings from Work*. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

Part 6: An adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he or she does not have one).

Part 7: We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

2021-2022 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS

Names of all household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school.		Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
	School	Grade		
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Part 2. BENEFITS: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 7-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

NAME: _____ 7-DIGIT CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Ashland City Schools Food Service Department at 419-289-4510. Homeless Migrant Runaway

Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00/quarterly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /

Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals.

Please check a box: Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.
 No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.

Signature of Parent/Guardian: _____ Date: _____

Part 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.

Sign here: X _____ Print name: _____ Date: _____


Address: _____ Phone Number: _____

Last four digits of your Social Security Number: _____ I do not have a Social Security Number

Part 7. Children's ethnic and racial identities: We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity: _____ Choose one or more (regardless of ethnicity): _____

Roster
Card

One Call 

Name _____

Home () _____

Cell () _____

Office () _____

Other () _____

Please fill in and return. By returning this card, you give
permission to receive calls



ACCA 2022-2023 Student-Parent Handbook
Acknowledgement of Understanding

I, _____, as well as my child, _____
have been provided with a copy of the 2022-2023 ACCA Student-Parent Handbook and understand the expectations and guidelines for the educational community at Ashland County Community Academy. I am also aware that I may obtain a copy of the Student-Parent Handbook by accessing the ACCA Website at any point in time.

Student Signature

Date

Parent/Guardian Signature

Date



716 Union Street, Ashland OH 44805
419-903-0295 · 419-903-0341 (fax)

ACCA After-School Program



Student's Full Name:		Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Student's Home Address:			
Home Phone:		Is English the primary language spoken at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Racial/Ethnic Group:			
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Two or more races:	<input type="checkbox"/> Other:
School: Do you attend ACCA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Grade: <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
If no, which school:			
Name of Parent/Guardian Enrolling Student:			
Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian			
Address of Parent/Guardian:			
Phone Number(s) of Parent/Guardian:			
<input type="checkbox"/> Cell <input type="checkbox"/> Home (Landline)			
Email:			

The after-school staff cannot provide transportation home. The parent/guardian (or the person authorized to pick up student on ACCA enrollment paperwork) must pick up student at the designated time on the day that he/she is attending.

If the student is NOT attending the after-school program, then they must go home immediately when school is dismissed.

Yes No My son/daughter is permitted to walk home at the end of the after-school program each day.

(A monthly schedule will be sent out so that you are aware of the after-school program schedule.)



This registration form must be completed and signed by the parent or guardian before the student can participate in the 21st Century After-School Program at ACCA.

Parent/Guardian Signature: _____



Mrs. Brown's Laboratory Contract

Disclosure: This contract is highly based off of the Flinn Scientific "High School Safety Contract." I have adapted it to fit the needs of our science classroom.

PURPOSE:

Science is a hands-on laboratory class. Safety in the science classroom is the #1 priority for students, teachers, and parents. To ensure a safe science classroom, a list of rules has been developed and provided to you in this student safety contract. These rules must be followed at all times! The contract must be signed by both the student and a parent or guardian before you can participate in the laboratory.

RULES:

1. Conduct yourself in a responsible manner at all times in the laboratory. Never fool around in the laboratory as horseplay, practical jokes, and pranks are dangerous.
2. Never work alone. No student may work in the laboratory without an instructor present.
3. Be prepared for your work in the laboratory. Read all procedures thoroughly and follow all written and verbal instructions carefully. If you do not understand a direction or part of a procedure, ask the instructor before proceeding.
4. Perform only those experiments authorized by the instructor. Never do anything in the laboratory that is not called for in the procedures or by your instructor. When first entering a science room, do not touch any equipment, chemicals, or other materials in the laboratory area until you are instructed to do so.
5. Observe good housekeeping practices. Work areas should be kept clean and tidy at all times. Have only your necessary materials out during laboratory times. Keep aisles clear. Push your chair under the desk when not in use. Dispose of all waste properly.
6. Keep hands away from face, eyes, mouth and body while in the laboratory, especially when using chemicals. Wash your hands with soap and water after performing all experiments. Clean all work surfaces and lab equipment at the end of the experiment. Return all equipment clean and in working order to the proper area.



Mrs. Brown's Laboratory Contract

7. Experiments must be personally monitored at all times. You will be assigned a laboratory station at which to work. Do not wander around the room, distract other students, or interfere with the laboratory experiments of others.

8. Be alert and proceed with caution at all times in the laboratory. Notify the instructor immediately of any unsafe conditions you observe. Report any accident (spill, breakage, etc.) or injury (cut, burn, etc.) to the instructor immediately, no matter how trivial it may appear. Examine any equipment before using it and tell the instructor if it is damaged.

9. All chemicals in the laboratory are to be considered dangerous. Do not touch, taste, or smell any chemicals unless specifically instructed. Check the label on chemical bottles twice before removing any of the contents. Take only as much chemical as you need. Never return unused chemicals to their original containers. Close the container after retrieving a chemical.

10. When transferring chemicals from one container to another, hold the containers away from your body. Take great care when transporting chemicals from one part of the laboratory to another. Hold them securely and walk carefully. Never remove chemicals or other materials from the laboratory area.

11. Students may be required to wear personal protective equipment (goggles, aprons, and gloves) in the laboratory if chemicals or glassware is used. Students will be asked to wear proper lab attire (close toed shoes, no dangling jewelry/clothing, and long hair tied back).

12. Students will be expected to know the locations and operating procedures for all safety equipment including first aid kit, eyewash station, and fire extinguisher. Students will know where the fire exits are located.

13. No food or drink will be permitted in the science classroom on laboratory days.

Students will receive only one verbal warning when they are in violation of the safety contract and then they will be removed from the lab and will have a worksheet to do in its place. There are NO EXCEPTIONS as safety in the laboratory is of utmost importance!



Mrs. Brown's Laboratory Contract

Questions:

1. Does the student wear contact lenses? 2. Is the student color blind?

Yes or No

Yes or No

2. Does the student have any allergies? If yes, list them below.

Yes or No

Allergies =

I, _____, (student's name) have read and agree to follow all of the safety rules set forth in this contract. I realize that I must obey these rules to ensure my own safety, and that of my fellow students and my instructor. I will cooperate to the fullest extent with my instructor and fellow students to maintain a safe lab environment. I will also closely follow the oral and written instructions provided by the instructor. I am aware that any violation of this safety contract that results in unsafe conduct in the laboratory or misbehavior on my part, may result in consequences.

Student Signature: _____ Date: _____

Dear Parent or Guardian,

We feel that you should be informed regarding the school's effort to create and maintain a safe science classroom/laboratory environment. With the cooperation of the instructors, parents, and students, a safety instruction program can eliminate, prevent, and correct possible hazards. You should be aware of the safety instructions your son/daughter will receive before engaging in any laboratory work. Please read the list of safety rules above. No student will be permitted to perform laboratory activities unless this contract is signed by both the student and parent/guardian and is on file with the teacher. Your signature on this contract indicates that you have read this Student Safety Contract, are aware of the measures taken to ensure the safety of your son/daughter in the science laboratory, and will instruct your son/daughter to uphold his/her agreement to follow these rules and procedures in the laboratory.

Parent Signature: _____ Date: _____



ACCA Bus/Transportation Form

Student Name _____ Grade _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

District of Residence _____ Bus # _____

My Child Needs: (Check one)

_____ Morning & Afternoon Transportation

_____ Just Morning Transportation

_____ Just Afternoon Transportation

_____ Transportation to Career Center from ACCA

_____ Transportation from Career Center to ACCA

I acknowledge that my child's failure to abide by transportation policies, guidelines, and rules of my home district or Ashland Public Transit may result in disciplinary action from ACCA as well as loss of transportation privileges, either temporarily or permanently, as decided by the home district or ACCA. In the event that my child is removed from the bus during transportation times, I understand that I will be responsible for picking my child up from the location of removal or home district.

Parent/Guardian

Date

-----OFFICE USE ONLY-----

_____ Student will receive transportation from district of residence and will adhere to all transportation policies and rules set forth by said district (*parent has responsibility to register student with home school's transportation director*)

_____ Student will receive transportation from ACCA, from the Ashland Public Transit and will adhere to all transportation policies and rules set forth by the Ashland Public Transit and Ashland County Community Academy (*parent will register student with ACCA*)

Transportation Coordinator

Date

Ohio School Report Cards

2020 - 2021 Report Card for

Ashland County Community Academy

School Rating

Schools that receive the dropout prevention and recovery report card receive ratings for up to eight measures and four components. The 2020-2021 report card will not have grades or ratings per Ohio law.



Not Rated

Achievement Component

The Achievement component, previously called the High School Test Passage Rate component, represents the number of students who meet applicable criteria on assessments that are required for graduation.



Not Rated

Rating

Graduation Rate

The Graduation Rate component looks at the percent of students who are successfully finishing high school with a diploma in four, five, six, seven or eight years.



Not Rated

Rating

Progress

The Progress component looks closely at the growth all students are making during the school year.



Not Rated

Rating

Gap Closing

This component shows how well schools are improving or meeting the performance expectations for all students in English language arts, math, graduation, and English language proficiency. The English language proficiency data is not available this year.



Not Rated

Rating

Graduation Rates

A Graduation rate is not calculated if there are not at least 10 students in the graduating class

- 56.0% of students graduated in 4 years
- 51.1% of students graduated in 5 years
- 61.5% of students graduated in 6 years
- 58.3% of students graduated in 7 years
- 49.1% of students graduated in 8 years

55.2% is the weighted average of all graduation rates.



Not Rated

4-Year Rating



Not Rated

5-Year Rating



Not Rated

6-Year Rating



Not Rated

7-Year Rating



Not Rated

8-Year Rating



Not Rated

Combined Rating