

Alternative Student Application

Quaker Digital Academy | Quaker Preparatory Academy

Please complete this packet to be considered for enrollment at Quaker Digital Academy (IRN 000241) or Quaker Preparatory Academy (IRN 019156), heretofore referred to in this document as "School".

Please complete all of the applicable fields in this packet. Once you digitally sign and submit this document the forms will automatically be returned to the School's Enrollment Department. Students may only sign this application if they are 18 or over. For questions, please call 1-866-968-7032 or email: info@quakeracademies.org

Student's Name

Today's Date

Student Custody

Parents	Guardian\Court	Joint	Mother Only	Father Only	Student 18 or Over

Please provide custody documents if applicable.

Proof of Ohio Residency

A Proof of Ohio Residency is required to process an application. The following items can be accepted:

- Utility Bill (Gas, Electric, or Water)
- A full copy of lease or mortgage papers.
- Most Recent Bank Statement
- Check Stub
- If you are living with someone else, we will require one of the above and an affidavit (contact the office for more info)
- We can't accept cable, Internet, or cellphone bills.

DOCUMENT REQUIREMENTS

- Must include statement date.
- Full Mailing Address.
- Full Page that shows company name.
- You may blackout any amount owed information.

Documentation of the student's residency shall be a good faith effort to accurately identify the correct residence of the student. The items must be current and include a street address; a P.O. Box cannot be used to validate residency records.

Submitting Proof of Ohio Residency

You may submit a PDF or take a picture of the documentation and submit it via:

Email: records@quakeracademies.org | Fax: 330-364-0680 | Mail | or you may drop it off at an office.

Student Information

_____	_____	_____
First Name	Middle Name	Last Name
_____	_____	_____
Date of Birth	Grade Level	Gender
		Male Female
_____	_____	_____
Language	City of Birth	State of Birth
_____	_____	_____
Country of Birth	County of Residence (current)	Is the student a US Citizen
		Yes No

Mother's Maiden Name		
_____	_____	
Student Email Address	Student Phone Number	

Migrant Status: Is the student, parent, or guardian a migratory worker?

Yes No

Homeless Status: Does the student lack a fixed regular and adequate nighttime residence?

Yes No

Help Me Grow (Ohio Department of Health): Has the student receive services through Ohio's Help Me Grow Program?

Yes No

Academic Information

_____	_____	_____
Currently or Last School Attended	City	State

During the last school year was the student homeschooled or did the student attend a private school during the month of October? If you answer yes, please enter the name of the school you resided in last October.

Yes: _____

No

Is the student currently attending a career center or in college credit plus program?

Yes – If yes, enter school name: _____

No

If you answered yes above, do you plan to continue attending while enrolled at our School?

Yes

No

Does the student have a sibling enrolled or is also enrolling into our School?

Yes

No

Does the student currently have an IEP or 504?

Yes

No

Is the student’s primary language English?

Yes

No

Is any language other than English spoken in the home?

Yes

No

Has the **student** attended any school in the United States for any three years during their lifetime?

Yes

No

If you answered yes above, please complete the fields below.

Name of School	State	Dates Attended
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Name of School	State	Dates Attended
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Name of School	State	Dates Attended
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Student Address

Street Address	City	State	ZIP
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Guardian Information 1

Relationship to Student	First Name	Last Name
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Phone Number	Secondary Phone	Email Address
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Street Address	City	State	ZIP
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Guardian Information 2

Relationship to Student	First Name	Last Name
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Phone Number	Secondary Phone	Email Address
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Street Address	City	State	ZIP
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PC REQUEST OR WAIVER

While enrolled in School, students have the right to a computer system to complete their coursework. This system must be returned in the same condition as it was received. If the system is damaged, the student (if over 18), parent, or guardian will be billed to cover the cost of the repair. If the system is lost or stolen, the student (if over 18), parent, or guardian will be billed the original invoiced price.

We recommend adding School equipment to your insurance policy. Under the ORC 3313.642, the School has the right to withhold the grades and credits of the pupil concerned if the computer system is not returned. The School also reserves the right to pursue criminal and civil action against the individual who signs out our equipment and fails to return it.

Equipment must be returned upon withdrawal or graduation from School.

Would you like to use a School computer system while enrolled?

Yes - I would like a School Computer System to use while enrolled. I further agree and understand that I may use a personal device to access my courses once I complete my orientation.

No - I would not like a School Computer System to use at this time. A computer can be requested at any time.

I agree that if I fail to pick up a computer system or accept delivery that I waive my right to a School computer system. I'm also aware that if I choose to not use a School computer system I may request one in the future and one will be provided.

Student

Parent/Guardian or Student (if 18 or older) Signature

Date

EMERGENCY MEDICAL AUTHORIZATION

Student's Legal Name

Phone Number

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/Guardian's Name

Primary Phone

Secondary Phone

Father/Guardian's Name

Primary Phone

Secondary Phone

Other

Primary Phone

Secondary Phone

Name of Relative or Childcare Provider

Relationship to Student

Phone

Address

I hereby give consent for the following medical care providers and local hospital to be called:

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:

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 **(you must enter something if you chose this option):**

NOTICE

The student this packet is being submitted for is not enrolled at this time. To be considered for enrollment, the following documents must also be submitted:

- **Valid Proof of Ohio Residency**

Failure to submit the above documents and any other documents requested by the School's Enrollment Department will cause the student's application to be considered incomplete. In the event of enrollment caps, the School will only consider application as submitted once all of the required documentation is submitted. **Do not withdraw the applicant from their current school. Applicant should continue to attend their current school to avoid truancy issues.**

Application Status

We will provide application updates via email as your application is processed. Please call the school office at 1-866-968-7032 if you need to update the email address on file.

Agreement

State Testing – All students are required to participate in mandatory state testing. Our School will provide a testing location within 50 miles of their address on file.

Technology Resources – Our School provides all students a G Suite for Education account to access various school resources (Gmail, Calendar, Docs, access Chromebook, etc.). My signature below authorizes the School to create a G Suite Account for the applicant listed in this packet. Upon request, the School will delete a G Suite Account if a user desires. Privacy Terms and Conditions: https://gsuite.google.com/terms/education_privacy.html

House Bill 410 Requirements: HB410 requires all Ohio Schools to implement an absence intervention plan for students under 18 that meet one of the following triggers:

- 30 consecutive school hours missed (unexcused hours only).
- 42 school hours missed in a full calendar month (unexcused hours only).
- 72 school hours missed in a school year (unexcused hours only).

An Absence Intervention Plan is used to identify and correct habitual truancy. Once the plan is implemented, students that fail to improve their attendance may be referred to juvenile court for truancy.

Please review the following documents:

Student Handbook - <https://quakeracademies.org/studenthandbook>

Technology Acceptable Use and Internet Safety <https://quakeracademies.org/technology>

Internet Reimbursement Policy: <https://quakeracademies.org/internet-reimbursement>

QDA State Report Card - <https://reportcard.education.ohio.gov/dorp/overview/000241>

QPA State Report Card - <https://reportcard.education.ohio.gov/school/overview/019156>

Attendance Contract

THE STUDENT MUST

- Log into the Maestro Student Information System a minimum of five (5) out of seven (7) days per week.
- Work online a minimum of 5.1 hours per day during the five-day period.
- Notify Instructional Supervisor if he/she is going to be absent.
- Complete all coursework as required by the Student Handbook.
- Attend testing on assigned days.

THE PARENT/GUARDIAN SHALL:

(IF STUDENT IS UNDER 18)

- Make sure the child is meeting weekly attendance requirements.
- Provide a valid Medical Excuse after the 4th absence.
- Attend all meetings scheduled by the school.

TO THE STUDENT, PARENT(S)/GUARDIAN(S):

I/We agree to participate in the above agreement and understand that if I/we fail to abide by its terms, I/we can be withdrawn from School and/or referred to the Juvenile Court in the county that I/we reside.

Student

My signature (legal guardian or student if over 18) below indicates that all the information contained in my application is factually correct and honestly presented to the best of knowledge. Furthermore, my signature below indicates that I have read, understood, and agreed to all of the policies, notices, and information stated in this application. I understand that I (or my student) will be required to adhere to all of the Board Policies or administrative guidelines set by the School. Policies and Guidelines are subject to change.

Legal Guardian Signature or Student 18 and Over Signature

Date

Quaker Digital Academy IRN 000241	Quaker Preparatory Academy IRN 019156
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Modified Date: 1-6-2022

www.quakeracademies.org | 1-866-968-7032