



GOAL Digital Academy

“Keep your eye on the goal and you can achieve it”

APPLICATION AND ENROLLMENT DOCUMENTS

Applicants must completely fill out the entire Application, Enrollment Documents, and provide the following documentation: (1) birth certificate; (2) social security card (3) immunization records (4) proof of residency; (5) custody papers, if applicable. In addition to the Application and Enrollment Documents, **if a student is currently on an IEP, a copy of the current ETR/MFE & IEP MUST be provided with the application.**

Students and parents/guardians must provide all necessary paperwork at the time of application. Students and parents/guardians must attend a mandatory orientation session. Three attempts will be made to contact the parents/guardians; therefore, a working phone number must be on the application. After three contact attempts, the student’s application will be rejected and the home school district notified of failure to complete enrollment. An application will be rejected if a student fails to attend two rescheduled orientation sessions. **A student is not enrolled in GOAL until the student and a parent/guardian attend Orientation and complete initial testing. PLEASE NOTE, ANY STUDENT UNDER THE AGE OF 18 ATTENDING ORIENTATION MUST BE ACCOMPANIED BY THE CUSTODIAL PARENT/GUARDIAN.**

At orientation, students and parents/guardians must sign GOAL’s handbook signature page, which outlines proper Internet use and acceptance of financial responsibility for the equipment entrusted to them.

Parents/guardians are encouraged to carry homeowners or renters insurance that will cover replacement costs for the computer equipment in case of fire, flood, theft, damage or other occurrence.

ENROLLMENT CHECKLIST:

- I have completed the Application
- I have completed and signed the Records Request Form
- I have completed and signed the Emergency Medical Form
- I have completed and signed the Free Ink Form
- I have completed and signed the Release of Information Form
- I have completed the Home Language Survey Form
- I have provided the student’s birth certificate
- I have provided the student’s social security card
- I have provided the student’s immunization record
- I have provided a proof of residency (see next page for acceptable documentation)
- I have provided custody papers, if applicable
- I have provided a copy of the student’s current ETR/MFE, if on an IEP
- I have provided a copy of the student’s current IEP, if applicable

890 West Fourth Street, Suite 400, Mansfield, OH 44906; Phone: 419-775-4809, Toll Free: 877-659-1900; Fax: 419-529-2976
Email: INFO@WWW.GOALDIGITAL.ORG

ACCEPTABLE DOCUMENTATION

Proof of Residency

Residency Affidavit

Driver's License

Lease/Rental Agreement (**Signed with all pages - CANNOT be expired**)

Monthly Mortgage Statement

Passport

Aide to Dependent Children (**ADC letter**)

Social Security Insurance (**SSI Benefit Letter**)

Phone Bill – (**Home phone NOT cellular – recent within last 2 months**)

Cable Bill – (**Recent within last 2 months of taking information**)

Electric – (**Recent within last 2 months of taking information**)

Gas – (**Recent within last 2 months of taking information**)

Water – (**Recent within last 2 months of taking information**)

Sewage – (**Recent within last 2 months of taking information**)

NO UPS Ship to – UPS will ship to any address **NOT ACCEPTABLE**

NO HANDWRITTEN – Anyone can write in an address and photo copy **NOT ACCEPTABLE**

NOTE:

Proofs of residency can be checked against current companies and agencies for accuracy.

FOR OFFICE USE ONLY:

Application Date Received _____

Lab _____

Current Grade _____

Received By _____

Orientation Date _____

**GOAL DIGITAL ACADEMY
APPLICATION 2016-2017**

How did you hear about GOAL? _____

PART I – STUDENT INFORMATION

First Name: _____

Last Name: _____

Name Suffix (Jr., Sr., III, etc.): _____

Middle Name: _____

Name Called: _____

Gender: Male _____ Female _____

Birthdate: _____

Social Security Number: _____

Birthplace City: _____

Birthplace State: _____

Native Language: _____

ETHNICITY (REQUIRED BY THE STATE OF OHIO DEPARTMENT OF EDUCATION):

Is this student Hispanic/Latino? Yes _____

No _____

Multi-Racial/Other? Yes _____

No _____

If Multi-Racial/Other, please indicate specific races: _____

- Asian _____
- Black _____
- Hispanic _____
- American Native _____
- Alaskan Native _____
- Hawaiian/Pacific Islander _____
- White _____

Student's E-Mail: _____

Student's Cell Phone: _____ Student's Home Phone: _____

Student's Street Address: _____ City: _____

State: OHIO Zip Code: _____ County of Residence: _____

Mailing Address (If different from above): _____

Current Grade: _____ Last Grade Successfully Completed: _____ 1st Year 9th Grade Started: _____

School District of Residence: _____

Last School Attended: _____ City & State: _____

(Goal_Application_2016/17)

FOR OFFICE USE ONLY		Birth Certificate	_____
SAS	_____	Social Security Card	_____
Canvas	_____	Immunization Record	_____
NEWA MAP	_____	Proof of Residency	_____
DASL-Page 1	_____	Custody Papers	_____
DASL	_____	Records Request	_____
SOES	_____	ETR/MFE	_____
		IEP	_____

PART II – PARENT/GUARDIAN INFORMATION

Do both parents/guardians have joint custody? Y N

Guardian 1 Name: _____ Sole Custody? Y N
(Note: Custody papers must be provided at time of application, if Guardian 1 has sole custody)

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Does Student Live With You? Y N Will You Monitor Student's Schoolwork? Y N

Address (If Different From Above): _____ Email: _____

Guardian 2 Name: _____ Sole Custody? Y N
(Note: Custody papers must be provided at time of application, if Guardian 2 has sole custody)

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Does Student Live With You? Y N Will You Monitor Student's Schoolwork? Y N

Address (If Different From Above): _____ Email: _____

PART III – OTHER AND EMERGENCY CONTACT INFORMATION

Other Contact Name: _____ Relationship _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Street Address: _____ City _____

Emergency Contact Name: _____ Relationship _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Street Address _____ City _____

PART IV – GOAL EQUIPMENT/INTERNET NEEDS

COMPUTER (Select One)

- I have a computer that I will use for schoolwork
 I would like GOAL to loan me a computer for schoolwork

PRINTER/SCANNER (Select One)

- I have a printer/scanner that I would like to use for schoolwork
 I would like GOAL to loan me a printer/scanner to use for schoolwork. I understand I am responsible for supplying paper and ink cartridges

INTERNET ACCESS (Select One or Both)

- I have Internet access
 I would like GOAL to provide me with Internet access to use for schoolwork.

STUDENT RECORD TRANSMITTAL REQUEST

GOAL Digital Academy
890 West Fourth Street, Suite 400
Mansfield, OH 44906
Phone: 419-775-4809
Fax: 419-529-2976

INFORMATION TO BE RELEASED FROM:

School Official Name Title

School Name

Pursuant to The Family Educational Rights and Privacy Act (FERPA), you are requested to send or transmit the educational records of the student(s) indicated to:

GOAL Digital Academy
890 West Fourth Street, Suite 400
Mansfield, OH 44906
Fax: 419-529-2976

The student(s) intend(s) to enroll in GOAL Digital Academy, and per FERPA, parent or student permission is not mandated. GOAL Digital Academy has a legitimate educational interest in and is requesting the release of transcript of grades, Proficiency/Achievement Testing, Health and Immunizations, Most Recent IEP, Most Recent Multifactor Evaluation, Custody Papers (if applicable), Birth Certificate, Social Security Number/Card, Discipline/Behavior Records, and any and all other special program information for use in providing appropriate educational services, programs, or updating previous reports for the following:

Student's Name Birth Date Grade

Student's Name Birth Date Grade

Student's Name Birth Date Grade

PLEASE NOTE: The student information requested will be made available for inspection to parents/guardians/eligible students since it will be considered an **EDUCATION RECORD** as defined in Public Law 93-380, Section 99:3.

Written consent **IS REQUIRED** of a parent/guardian/eligible student when a request for student records involves **NON-SCHOOL** individuals, agencies, or institutions.

SIGNATURE OF GOAL DIGITAL ACADEMY SCHOOL OFFICIAL Date: _____

SIGNATURE OF PARENT (NOT REQUIRED) Date: _____

Free and Reduced Price

Ink Cartridges

Application

Part 1. Children in School (Use a separate application for each foster child)					
Names of all children in school (First, middle initial, last)	School Name	Grade	Food Stamp or OWF 10 digit case #. Skip to Part 5 if you list a food stamp or OWF case #		
Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, at 877-659-1900 <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway					
Part 3. Foster Child If this application is for a child who is the legal responsibility of a welfare agency or court, check this box <input type="checkbox"/> and then list the amount of the child's personal use monthly income \$ _____. Skip to Part 5.					
Part 4. Total Household Gross Income – You must tell us how much and how often.					
1. Name (List everyone in household)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All other income	
<i>(Example)</i> Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ /	<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. Signature and 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box.					
<i>I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits, and I may be prosecuted.</i>					
Sign here: X _____ Social Security Number: _____ - _____ - _____					
Print name: _____ <input type="checkbox"/> I do not have a Social Security number.					
Don't fill out this part. This is for school use only.					
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a month x 24, Monthly x 12					
Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice a Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____					
Categorical Eligibility: ___ Income Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____					
Determining Official's Signature: _____ Date: _____					

**Home Language Survey
from GOAL Digital Academy**

Date: _____

Name of Student: _____
first/middle initial/last

Date of Birth: _____ Place of Birth: _____
month/day/year *city/state/country*

FOR PARENTS/GUARDIANS:

Please answer all the following questions.

1. What language did your son/daughter speak when he/she first learned to talk?

2. What language does your son/daughter use most frequently at home?

3. What language do you use most frequently to your son/daughter?

4. What language do the adults at home most often speak?

5. How long has your son/daughter attended school in the United States?

FOR SCHOOL DISTRICT PERSONNEL:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (GI270), and proceed to assess the student's English language proficiency.



GOAL Digital Academy

Release of Information Form

890 West Fourth Street, Suite 400, Mansfield, OH 44906

Phone: 419-775-4809, Fax: 419-529-2976

I, _____, and I, _____,
(Print Parent/Guardian Name) (Print Student Name)

By my signature which appears below:

Hereby authorize educational, judicial, state, or local institutions, pertaining to the above student, to release and share the following information to the GOAL Digital Academy offices pertaining to the above student:

- Grades or progress reports issued, including any notices of academic standing, or change of student contact information.
- Financial aid reports and status.
- Release of necessary information to and from other agencies and counselors involved with my education/participation (i.e. Bureau of Vocational Rehabilitation, School Counselors, Academic Advisors, Instructors, Job Student Retention Program, etc.).

The groups or individuals that may be asked to release and share the above information include:

Department of Job & Family Services	Selective Services
Child Support Enforcement	Career Development Network
Social Security Administration	Public/Private Education Institutions
Past, Present & Potential Employer's	Court System
Children's Services	Counseling Agencies

Other: _____
(indicate relationship to student)

Release of information shall be relevant to education and/ or employment progress and follow-up.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

**I understand that I may rescind this authorization at any time in writing indicating the effective date to the GOAL Digital Academy and/or the above indicated educational institution.*