

Dear Parents/Guardian,

Thank you for your interest in Dayton Athletic Vocational Academy. Your teenager will be successful at DAVA if he or she:

- Attends school every day and on time (unless seriously ill)
- Complies with the school's behavior standards (see handbook)
- Consistently works towards earning a high school diploma

In addition, students must be between the ages of 14 and 21, and have **withdrawn from their previous school.**

The school follows a rolling enrollment policy that allows students to register for school throughout the school year and throughout the summer. Once the attached forms are completed and the required materials described below are gathered, please call the school at 937-952-1079 x2900 to make an appointment for an enrollment interview. **Students must be accompanied by a parent or legal guardian for the interview.**

School personnel will make copies of **the following required documents** during the enrollment interview:

- One of the following for proof of residency: Lease or mortgage documentation; a phone, electric, or water bill; or Job and Family Services document. The document should have the parent/guardian's name and address. **These documents must be current: no older than 30 days.**
- Birth certificate (required by Ohio law)
- Social security card
- Parent/Guardian's picture ID (student's if applicable)
- Court issued custody papers if you are the child's guardian
- The student's health insurance card (please request information from the counselor if the student does not have health insurance)
- Most recent report card or high school transcript (if available)
- Immunization records

The student is required to wear his/her own khaki or black colored (official uniform wear) pants, shorts, or skirts – NOT provided by the school. Uniform shirts must be purchased through DAVA School. Shirts must be tucked into pants or skirts.

Sincerely,



Mr. Tony Fisher
Principal



School Enrollment Form

School Year: _____ School Code: _____ Today's Date: _____

Desired Action DAVA USE ONLY

Enroll on Date: ____/____/____ From School: _____

Withdraw on Date: ____/____/____ From School: _____

Modify Student Data as of: ____/____/____

Submitted by (print): Kareemah Thompson

Signed: Kareemah Thompson

Student Information *Please provide legal names.*

Last Name: _____

First Name: _____

Middle Name: _____

Nickname (If Any): _____

Entering Grade Level: _____

Gender: _____

Resident Address: _____

Apartment: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Student Birth Date: ____/____/____ (mm/dd/yyyy)

Birth Document Source: _____

Social Security Number: _____ - _____ - _____ (if issued)

Parent/Guardian: _____

Birthplace (city, state): _____

Birthplace (Country): _____

DAVA USE ONLY

Student ID: _____

Parent/Guardian Resident District if not CPS: _____

Emergency Contacts

Name: _____

Relation: _____

Phone: _____

Alt/Cell Phone: _____

Name: _____

Relation: _____

Phone: _____

Alt/Cell Phone: _____

Student Information (continued)

Is the student Hispanic, Latino, or of Spanish origin? No Yes

Race Code Black White Hispanic
(check all that apply) Asian/Pacific Islander Native American

Withdrawal Authorization: Parent signature authorizes the Student Information Systems Department, Dayton Public Schools to withdraw this student from their current school of enrollment. I understand that this authorization will remove my child from the current school of enrollment and/or waiting list. There is no guarantee that my child will be re-enrolled if this current school is a magnet school and the charter school is no longer desired.

Signature of Parent/Guardian

Date



Student Caregiver Form

Use additional pages as necessary. Student Name: _____ Date: _____

Mother Father Guardian Step Parent **Foster Parent Grand Parent Surrogate Parent Other: _____

Last Name: _____ First Name: _____

Marital Status: Married Unmarried Widowed Separated Divorced

If you check Divorced or Separated, we require current legal documentation related to the children.

Deceased? No Yes

Resides with Student? No Yes

(*) Address: _____

District of Residence: _____

City: _____

Custodial Parent? No Yes

State: _____ Zip Code: _____

Legal Guardian? No Yes

Phone Number: _____

(#) Grandparent POA? No Yes

Alt/Cell Phone: _____

Caregiver Authorization? No Yes

Work Phone: _____

Mail if not Custodial Parent? No Yes

Email Address: _____

Mother Father Guardian Step Parent **Foster Parent Grand Parent Surrogate Parent Other: _____

Last Name: _____ First Name: _____

Marital Status: Married Unmarried Widowed Separated Divorced

If you check Divorced or Separated, we require current legal documentation related to the children.

Deceased? No Yes

Resides with Student? No Yes

(*)Address: _____

District of Residence: _____

City: _____

Custodial Parent? No Yes

State: _____ Zip Code: _____

Legal Guardian? No Yes

Phone Number: _____

(#) Grandparent POA? No Yes

Alt/Cell Phone: _____

Caregiver Authorization? No Yes

Work Phone: _____

Mail if not Custodial Parent? No Yes

Email Address: _____

(*) If different from Student's Address.

(#) If Parent is not custodial, include copy of Grandparent Power of Attorney and Caregiver Authorization.

** If foster Parent, obtain copy of court order showing district of responsibility. Retain in cumulative file.



Authorization to Release School Records

_____ Authorizes the release of the school records for the following student:

Name of Parent/Guardian

Last Name of Student (Please Print)

First Name of Student (Please Print)

Date of Birth

From the following school:

Name of School: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

Records may be released to:

DAVA
Ms. Thompson
3237 W. Siebenthaler Avenue, Unit 2
Dayton, Ohio 45406
Phone: 937-952-1079 x2900

1st Request: _____

2nd Request: _____

3rd Request: _____

My signature authorizes the release of the following records:

- Transcripts of subjects and grades
- Psychological/other individual testing
- 504 Accommodation Plan
- Ohio Graduation Test Results (scaled scores, date test administered, and grade of student)

- English Language Proficiency Assessments
- Record of attendance
- IEP, ETR, and other special ed. records
- Health and immunization records
- Birth certificate

Signature of Parent/Guardian

Date

Registrar: Please send the above records as soon as possible.

We understand if a student owes student fees, transcripts will not be released. However, we would like to review the student's health records, IEP, ETR, and other special education records, and the Ohio Graduation Test Results. Your cooperation is appreciated.

If fees are owed, please indicate the amount and we will remind the student: _____

If records are not available, please return our request indicating the following:

- No records available. Reason (s) _____
- Unable to send records. Reason (s) _____

2021-2022 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call **(315) 218-2176**, if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: **North Syracuse Food Service Department c/o Wendy Swift**
5520A East Taft Road, N. Syracuse, 13212 or
Fax: (315) 458-0136

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<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"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4, and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number: XXX-XX-__ __ __ __

I do not have a SS#

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race (Check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Island White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
 Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster

Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____

Free Meals Reduced Price Meals Denied/Paid

Signature of Reviewing Official _____ Date Notice Sent: _____

Application Instructions for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to Jennifer Wheeler or Wendy Swift.

If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: (315) 218-2176. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
- (5) An adult household member must sign the application in PART 4.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

DISCRIMINATION COMPLAINTS

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

The Federal Government requires more specific information concerning a student's ethnic background and race. The following form must be completed by the student's parent or guardian at the time the student enrolls. **You must answer both questions 1 and 2.**

Question 1. What is your ethnic background?

Hispanic or Latino

_____ Yes

_____ No

Question 2. What is your racial background? Mark one or more races to indicate what you consider your child to be (you may mark more than one):

_____ White

_____ Black or African American

_____ Asian

_____ American Indian or Alaskan Native

_____ Native Hawaiian or Other Pacific Islander

Signature of Parent/Guardian

Date

The state requires the district to collect a Home Language Survey for each student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Student's Name: _____

1. Is a language other than English spoken at home?

Yes: _____ No: _____

What language? _____

2. Does your child speak a language other than English?

Yes: _____ No: _____

What language? _____

3. The following information is used for State forms that must be filled out annually. Please mark the correct designation for your child to help assure out information is accurate.

Race/Ethnicity Designation

Hispanic or Latino: _____

American Indian: _____

Asian: _____

African American: _____

Native American: _____

Native Hawaiian or other Pacific Islander: _____

White: _____

Multi-Racial (2 or more): _____

Signature of Parent/Guardian

Date

Proof of residency shall be required for all newly enrolled students and any student whose address changes.

Residency includes the following: being physically present in a household for significant periods of time; where important family activities take place each day including sleeping, eating, working, relaxing and playing; where the parent receives mail or where the parent is registered to vote, if applicable.

Residency shall be established by providing an original, or copy, of one (1) item from this list:

- 1) **Homeowner Deed** - A printout from the auditor's website may be provided instead of a deed.
- 2) **Property Tax Statement** dated within the previous year and be addressed to the parent at the residence.
- 3) **Mortgage Statement** dated within the previous 60 days and be addressed to the parent at the residence.
- 4) **Rental Agreement signed** by both the landlord and the tenant including the landlord's contact information.
- 5) **Construction Contract include:**
 - a) a sworn statement describing the location of the house to be built and stating the parent's intention to reside there upon completion; and
 - b) a statement from the builder confirming that a new house is being built for the parent and that the house is at the location indicated in the parent's sworn statement.
- 6) **Homeowner or Renter Insurance Statement** dated within the last 12 months.
- 7) **Gas, Electric, or Water Statement** dated within the last 30 days.
- 8) **Federal or state tax returns** dated within the last 12 months.
- 9) Any piece of **mail** dated within the last 30 days from the **federal, state, or local government**, such as Hamilton County Job & Family Services, Social Security, Child Support Enforcement Agency, etc.

NOTE:

DAVA accepts Parent Residency and Property Owner Affidavits with the required proof of residency documents.

DAVA does not accept any notarized statements as proof of residency.

Questions? Contact DAVA Enrollment 937-952-1079 x2900



Emergency Medical Authorization Form

Student Name: _____ Birth Date: _____ Grade: _____

Address: _____ Phone: _____

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.

Parent/Guardian Information

Mother's Name: _____ Daytime Phone: _____

Father's Name: _____ Daytime Phone: _____

Guardian's Name: _____ Daytime Phone: _____

Name of Relative or Childcare Provider: _____ Relationship: _____ Daytime Phone: _____

Address: _____

Part 1 or 2 Must be Completed

Part 1: To Grant Consent – I hereby give consent for the following medical care provider and local hospital to be called:

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Medical Specialist: _____ Phone Number: _____

Local Hospital: _____ Phone Number: _____

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 doctors or in the event the designated preferred practitioner is not available by another licensed physician or dentist, and (2) the transfer of my child to any hospital reasonably

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 my 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

Part 2: 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 to take the following action:

Signature of Parent/Guardian

Date

McKinney-Vento Residency Form

Student Name _____

Date of Birth _____ Grade Level _____

The McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines “homeless” as “individuals who lack a fixed, regular, and adequate nighttime residence.” This includes children who “are **temporarily** sharing the housing of other persons due to the loss of housing or economic hardship.”

Does not apply; student is not homeless

Please check *one* of the following statements if your family is experiencing temporary homelessness:

Living in a shelter, including transitional housing shelters (i.e. The Rise, Stepping Stones); awaiting foster care, etc.– Please provide name of shelter: _____ and address: _____

Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation--Please provide information regarding area in which student is living: _____

Living in hotels/motels for lack of other suitable housing – Please list name and address of hotel/motel: _____

Doubled-up; **Temporarily** living with family or friends due to lack of adequate housing or financial conditions. Please provide address of where student is living:
Address: _____

Please answer the following if you checked one of the four boxes above:

How long do you expect to be at this address? _____

Are you seeking permanent housing? _____

Date student moved to this address: _____

Is a parent living in the home with the student? _____

If no, with whom is student living? _____ Relationship: _____

The School Social Worker may be in contact with you if clarification or bus transportation is needed.

We have read the information provided and indicated our living circumstances above with regard to the McKinney-Vento Act:

Signature of Parent/Guardian/Unaccompanied Youth Date

Office Use Only:

_____ Does Qualify under McKinney-Vento Act _____ Does NOT Qualify

McKinney-Vento Liaison/Appointee Signature Date



Field Trip Permission

DAVA takes a variety of field trips throughout the school year. This permission slip allows the students to attend any off campus events during the school day. A phone call will go out to you at least one day in advance letting you know what event they will be attending.

Date: 8-23-21 to 5-27-22

Time: 8:30 am - 3:00 pm

Location: Various

Transportation: DUrban Edvantage

Notes: _____

I give my child _____ permission to attend DAVA field trips throughout the school year.

Parent name: _____

Date: _____

Parent signature: _____

Phone: _____

Emergency contact: _____

Phone: _____

Please be advised that your student may be photographed or video taped at various school events. If you would like your child's photo to appear on Dohn's website or in the school's newsletter, sporting event publication, yearbook, and/or other school-related activities, please sign and return this form to the school.

Yes, I give my permission for my child's photograph and/or video to be used in the above mentioned.

No, my child's photograph and/or video may **not** be used in any of the above mentioned.

Student's First and Last Name

Signature of Parent/Guardian

Date