



# GOAL

# Digital Academy

*"Keep your eye on the goal and you can achieve it."*

## ENROLLMENT REQUIREMENTS

- Applicants must completely fill out all enrollment papers and provide a copy of their social security card, a copy of a legal birth certificate, proof of residency, and a copy of custody papers, if applicable.
- Students and Parents/Guardians must sign an agreement outlining proper Internet use and accepting 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, or other occurrence.

### Enrollment Checklist:

- I have completed the enrollment form.
- I have provided copies of the student's birth certificate and social security card.
- I have provided copies of custody papers (if applicable).
- I have provided proof of residency.
- I have completed and signed the record request form.
- I have completed and signed the enrollment needs form.
- I have completed an Emergency Medical Form so my child may use the lab.

And, after your orientation meeting:

- I have signed a copy of GOAL's Internet Use Agreement.

For Office Use Only:	
Grade	_____
Orientation Date	_____

## GOAL DIGITAL ACADEMY ENROLLMENT INFORMATION – 2007-2008

### Part I: Student Information

Today's date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name \_\_\_\_\_ Name Called \_\_\_\_\_ Name Suffix (Jr., II, etc) \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_ Apt/Lot # \_\_\_\_\_

City \_\_\_\_\_ State Ohio Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

School District of Residence \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth Date \_\_\_\_\_ Birthplace City \_\_\_\_\_

**Ethnicity:**

White, Non-Hispanic \_\_\_\_\_  
 Black, Non-Hispanic \_\_\_\_\_  
 Hispanic \_\_\_\_\_

Asian, Pacific Islander \_\_\_\_\_  
 American Indian \_\_\_\_\_  
 Multiracial \_\_\_\_\_

**Gender:**

Male \_\_\_\_\_  
 Female \_\_\_\_\_

Last grade successfully completed \_\_\_\_\_ Native Language: \_\_\_\_\_

Is child on an Individualized Education Program (IEP)? Y N

Is the child currently attending school? Y N

Does the student have any children? Y N

Is the student on probation? Y N

Will you need a letter certifying enrollment for

SSI, Child support, or any other reason? Y N

Reason(s) for applying to GOAL:

Seeking flexible hours for schooling because:

- Student has activities during school hours
- Student has a job
- Student has a child
- Student has health issues
- Student cares for a relative

Attendance Issues

Expelled/Suspended

Other \_\_\_\_\_

Office Use Only:		Birth Certificate: _____	
GSIS	_____	Proof of Residency:	_____
ESIS	_____	Custody Papers:	_____
CSADM	_____	Soc. Sec. Card	_____
Records Req.	_____	Immunizations	_____
Enroll Notice	_____		

## Part II: Contact Information

If the student is under 18, who is the custodial parent? (Check only one)

Joint (both mother and father)  Mother only  Father only  Other \_\_\_\_\_

Who is the adult monitoring this student on a daily basis? (Check only one)

Joint (both mother and father)  Mother only  Father only  Other \_\_\_\_\_

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### Mother

Last name \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Address (if different from student):

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_ Apt/Lot # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does the student reside with this parent (Circle one): Yes No

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### Father

Last name \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Address (if different from student):

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_ Apt/Lot # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does the student reside with this parent (Circle one): Yes No

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### Guardian/Other

Relationship to student \_\_\_\_\_

Last name \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Address (if different from student):

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_ Apt/Lot # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does the student reside with this parent (Circle one): Yes No

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### Emergency Contact Information

Relationship to student \_\_\_\_\_

*If we are unable to contact those listed above, who can we reach?*

Last name \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**STUDENT RECORD TRANSMITTAL REQUEST**  
**GOAL Digital Academy**  
**890 West 4<sup>th</sup> Street, Suite 400**  
**Mansfield, Ohio 44906**

INFORMATION TO BE RELEASED FROM:

INFORMATION TO BE RELEASED TO:

\_\_\_\_\_  
 Name Title

LAURA CHERVENAK, DIRECTOR  
 Name Title

\_\_\_\_\_  
 School, Agency or Individual

GOAL DIGITAL ACADEMY  
 School, Agency or Individual

\_\_\_\_\_  
 Street Address

890 West 4<sup>th</sup> Street, Suite 400  
 Street Address

\_\_\_\_\_  
 City State Zip

Mansfield, OH 44906  
 City State Zip

We are requesting the release of medical, educational, proficiency test scores and 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: \_\_\_\_\_  
                   \_\_\_\_\_ School Official  
                   \_\_\_\_\_ Parent/Guardian/Eligible Student  
                   \_\_\_\_\_ Parent does not grant permission

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

## GOAL Enrollment Needs

### Computer and Monitor (select one)

- I **have** a computer and monitor that I would like to use for schoolwork.
- I **would like GOAL to loan me** a computer and monitor to use for schoolwork.

### Printer and 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 more)

- I have Internet access ...
  - ... from RoadRunner
  - ... from Redbird (wireless highspeed)
  - ... from Sprint DSL
  - ... from BrightChoice (DSL or satellite)
  - ... from a different service \_\_\_\_\_
- I do not have Internet access.
- I would like GOAL to provide me with Internet access to use for schoolwork.
  - If you currently have access and want GOAL to take over the bill for the school months, you may lose your email account with your provider.
  - If you withdraw your child from GOAL or move prior to three months elapsing from time of Internet installation, you will be responsible for a \$49.95 charge.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**Free and Reduced Price  
Ink Cartridges  
Application**

<b>Part 1. Children in School (Use a separate application for each foster child)</b>				
Names of all children in school (First, middle initial, last)	School Name	Grade	Food Stamp or OWF 10 digit case #. <b>Skip to Part 5 if you list a food stamp or OWF case #</b>	
			_____	
			_____	
			_____	
			_____	
<b>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</b> <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway				
<b>Part 3. Foster Child</b> 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.				
<b>Part 4. Total Household Gross Income – You must tell us how much and how often.</b>				
<b>1. Name</b> (List <b>everyone</b> in household)	<b>2. Gross income and how often it was received</b> <i>Example: \$100/monthly    \$100/twice a month    \$100/every other week    \$100/weekly</i>			<b>3. Check if NO income</b>
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	
<i>(Example)</i> <i>Jane Smith</i>	\$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"/>
<b>Part 5. Signature and Social Security Number (Adult must sign)</b>				
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.				
<b>Don't fill out this part. This is for school use only.</b>				
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: _____				